



**APPLICATION FOR GROUND TRANSPORTATION SINGLE-USE PERMIT**

DATE OF USE: \_\_\_\_\_ NUMBER OF PERMITS REQUESTED: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The Undersigned, by applying for a permit to operate a ground transportation service at Glacier Park International Airport, hereby agrees to abide by the Regulations currently in effect, or as may be adopted, by the Flathead Municipal Airport Authority governing the use of motor vehicles on the airport. Applicant agrees to pay the permit fee of \$25.00 per vehicle to Glacier Park International Airport and to remit the fee to the Airport Authority no later than the 10<sup>th</sup> of the following month. The Undersigned further agrees to display the required permit on vehicle so that it may be easily identified by airport personnel.

The Undersigned further hereby agrees, in consideration for the issuance of a permit, to load and unload its passengers only in areas designated for such purpose; not to park its vehicles on airport property, other than parking areas provided for the public, except while loading or unloading passengers. The Undersigned agrees that its personnel and vehicles will be clean and neat and will conduct themselves in a safe, businesslike and appropriate manner so as not to constitute obnoxious behavior or create a nuisance of any kind while on the airport premises.

The Undersigned further agrees to maintain automobile liability insurance covering its operations with limits of at least \$100,000.00 for personal injury or death of any one person in any one accident; \$300,000.00 for personal injury or death in any one accident; and \$50,000.00 for damage to property in any one accident. The Undersigned hereby agrees to indemnify Flathead Municipal Airport Authority, its Commissioners, Officers, and Employees, against any loss or expense arising out of the Undersigned's operation of a vehicle on the airport. The Undersigned must present a copy of their proof of liability insurance.

The authority granted to Applicant hereunder shall not be transferred or assigned without the prior. Flathead Municipal Airport Authority may cancel this permit at any time.

Applicant, in further consideration of the granting of the permit applied for, covenants and agrees that applicant will not discriminate against any person because of race, color, religion, sex or national origin.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Applicant – PRINT NAME)

\_\_\_\_\_  
(APPLICANT – SIGNATURE)

VEHICLE YEAR/MAKE/MODEL

Number of Permits \_\_\_\_\_ X \$25.00 = \$\_\_\_\_\_ **Total Amount Due**

**Please Remit To:**

**FMAA  
4170 Highway 2 E  
Kalispell, MT 59901**