

**GLACIER PARK INTERNATIONAL AIRPORT**

**AIRPORT GROUND TRANSPORTATION  
OPERATING ACCESS AGREEMENT  
COURTESY VEHICLES**

THIS AGREEMENT, made and entered in the County of Flathead, State of Montana, on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by and between the Flathead Municipal Airport Authority, hereinafter referred to as the "Authority" and \_\_\_\_\_, hereinafter referred to as the "Operator".  
(Print Legal Business Name)

WHEREAS, the Authority does own, maintain and operate Glacier Park International Airport, and,

WHEREAS, the Authority desires to establish equitable and reasonable procedures, and regulations for conferring the privileges of conducting business on the airport property;

THEREFORE, the Authority, by Resolution and Policy requires that any person or business which conducts any commercial activity on the airport must be authorized by permit, agreement, or contract with the Authority to conduct such business or activity upon the airport.

ARTICLE I

**GENERAL PRIVILEGES, USES & RIGHTS**

The Authority herein grants to the Operator the right and privilege to operate a courtesy vehicle at Glacier Park International Airport.

ARTICLE II

**TERM**

The term of this Agreement shall be for a period beginning January 1, 2020, and extending to December 31, 2020.

ARTICLE III

**FEES AND OTHER PAYMENTS**

Operator shall pay to Authority, for the privilege of operating at the airport, an amount equal to two dollars (\$2.00) per trip ("Per Trip Fee") anytime Operator enters any area on airport property and makes one or more stops to pick-up or drop-off one or more passengers.

## ARTICLE IV

### TIME OF REPORTING, RECORDS & PAYMENT

Within twenty (20) days after the close of each calendar month of the term of this agreement, Operator shall submit to Authority the electronic monthly Activity Report (Exhibit A) reflecting the total number of Trips made on airport property by Operator during the preceding month, along with payment of the Per Trip Fee. Authority reserves the right, at Authority's expense, to audit the Operator's books and records of receipt at any time for the purpose of verifying number of Trips made by Operator on airport property. If, as a result of such audit, it is established that Operator understated the number of Trips by three percent (3%) or more, Authority may terminate this Agreement and all rights, privileges and accesses herein granted. Payment of the Per Trip Fee for the preceding month shall be made to the Airport no later than the twentieth (20<sup>th</sup>) day of the following calendar month. Payment of the monthly Per Trip Fee which is not received by the twentieth (20<sup>th</sup>) day of the month shall be subject to a late charge of ten percent (10%) of the total payment due and unpaid (total amount of all Per Trip Fees due) which shall be added to the payment, and the total sum shall become immediately due and payable to the Airport.

## ARTICLE V

### BUSINESS PRACTICES

Operator will meet the following operational specifications:

1. Operating Authority:
  - a. Be able to accommodate or refer handicapped passengers as requested.
  - b. Must park in areas designated by airport management.
  - c. Must obtain a vehicle permit and sticker for each vehicle accessing airport.
  
3. Vehicle Condition Requirements
  - a. Kept in excellent mechanical condition.
  - b. Kept clean by washing, cleaned and freshened inside.
  - c. Interior paneling, floors, handrails, steps, headliner, seats and windows kept in excellent condition.
  - d. Exterior paint, decals, lettering, wheel covers, trim, tires, bumpers and lights kept in excellent condition.
  - e. Airport administration reserves the right to inspect and if deemed necessary require the operator to clean or repair any vehicle found less than acceptable.
  - f. Any vehicle found not fully operational or in an unsafe condition or having sustained interior or exterior damage which substantially affects appearance, comfort, or performance must be removed from service until repaired.
  
4. Driver Appearance and Abilities:
  - a. Must have current, valid driver's license as required by state law.
  - b. Must have a safe driving record.
  - c. Must be uniformed or wear similar identification showing that driver represents the carrier.
  - d. Must be clean, neat and present a well-groomed appearance and pleasant attitude.

5. Insurance:
  - a. Must have in force and provide proof thereof automobile liability insurance coverage 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.
6. Fare:
  - a. Operator shall not actively solicit fares on airport property. Operator may stand in the airport terminal- just inside Door 4 – with a sign which lists the name of fares that have prearranged pick-up.

#### ARTICLE VI

#### RESPONSIBILITIES OF AUTHORITY

The Authority will operate, promote and maintain the airport facilities in the manner usual for a public use commercial airport. The Authority will provide signs or other means of making the public aware of all ground transportation services available.

#### ARTICLE VII

#### ACCESS

Subject to airport operating procedures adopted by the Authority, the Authority grants to the Operator the right to use in common with others authorized to do so the designated areas for ground transportation for hire passenger drop-off and pick-up. In the event of any on-airport conflict between the Operator named in this Agreement and any other tenant, lessee or operator as to on-airport services, accesses, or facilities, the Operator agrees to abide by reasoned decision of the Authority.

#### ARTICLE VIII

#### TERMINATION

Upon failure of the Operator to pay the Per Trip Fee at the time and in the manner herein set forth or upon the default by the Operator in the performance of any of the other terms or conditions of the Agreement, the Authority may at its own option, terminate this Agreement and all rights, privileges and accesses herein granted.

#### ARTICLE IX

#### INDEMNIFICATION

Operator hereby agrees to indemnify the Authority, its Commissioners, Officers, and Employees, against any loss or expense arising out of the Operator's use of a vehicle on the airport. Operator must present a copy of their proof of insurance. Flathead Municipal Airport Authority shall be named as additional insured.

ARTICLE X  
NON-RANSFERABLE

The authority granted to Operator herein shall not be transferred or assigned without the prior written consent of the Authority. The Authority may cancel this permit at any time.

ARTICLE XI  
NOTICE

Service of all notices required under terms hereof shall be deemed complete and effective upon being deposited in the United States mail certified, with postage prepaid directed to either:

AUTHORITY

Airport Director  
Flathead Municipal Airport Authority  
4170 Hwy 2 East, Box 1  
Kalispell, Montana 59901

OPERATOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

until either party shall give notice in writing to the other of change of address.

IN WITNESS THEREOF, the parties set their hand on the date shown.

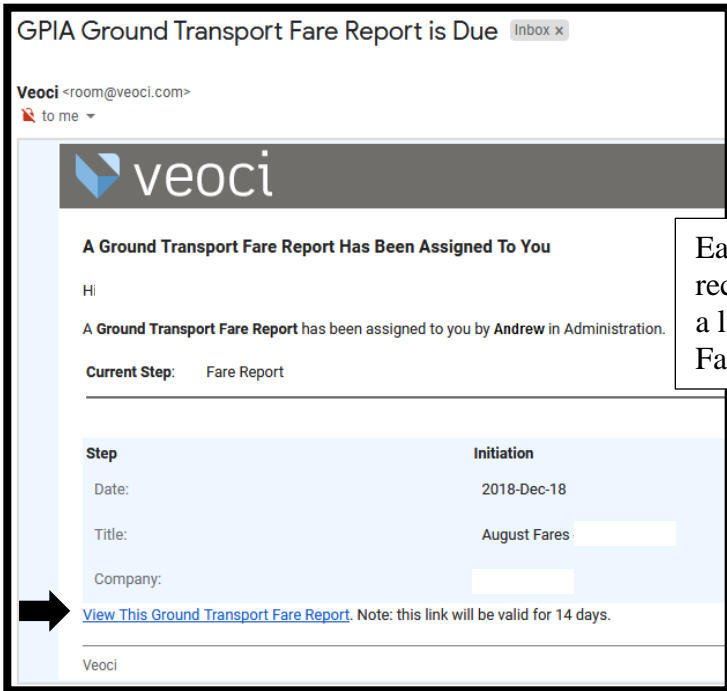
\_\_\_\_\_  
(OPERATOR – PRINT)

By \_\_\_\_\_  
(OPERATOR – SIGNATURE)

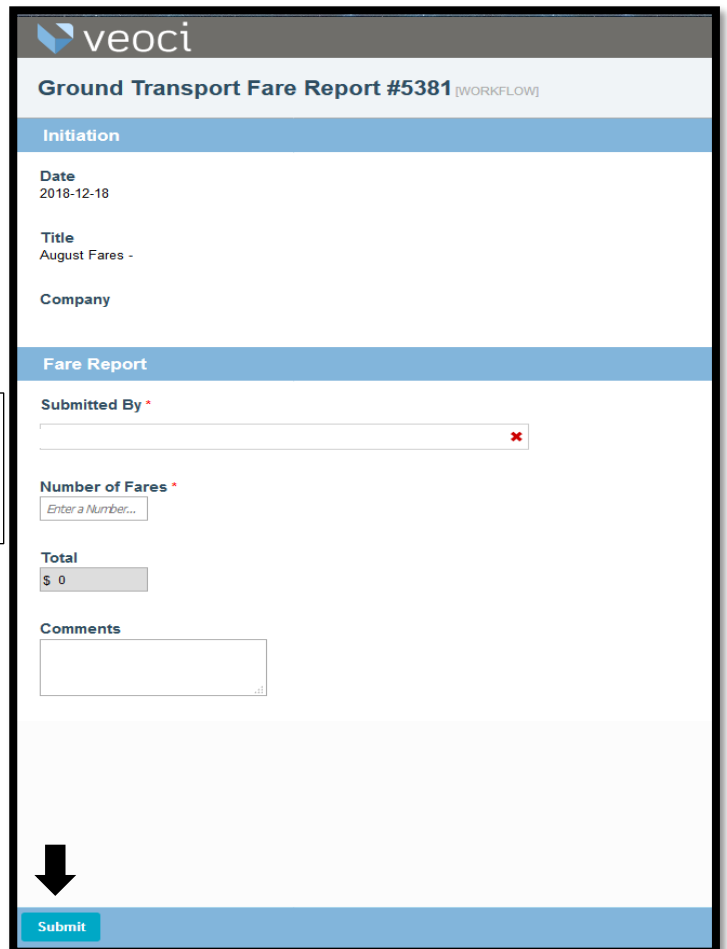
**FLATHEAD MUNICIPAL AIRPORT AUTHORITY**

By \_\_\_\_\_  
AIRPORT DIRECTOR

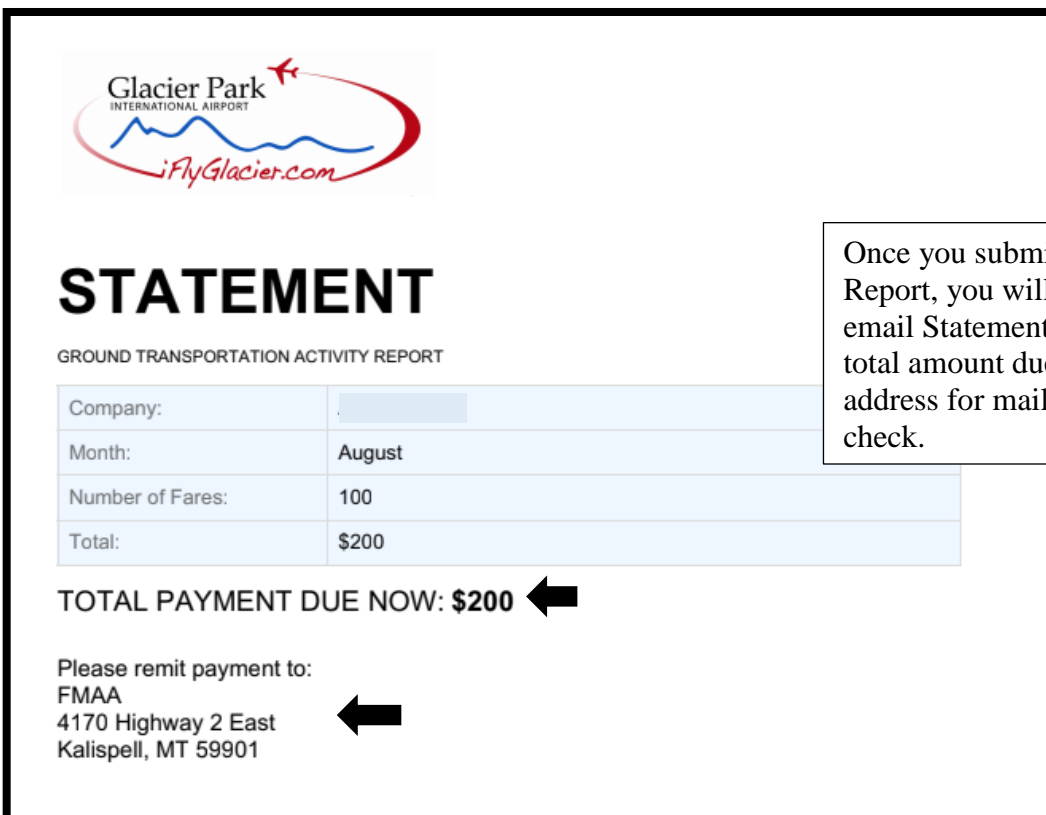
# EXHIBIT A



Each month, you will receive an email containing a link for submitting your Fare Report.



Enter the total number of trips on the Fare Report and click Submit.



Once you submit your Fare Report, you will receive an email Statement showing the total amount due and the address for mailing your check.



**OPERATOR CONTACT INFORMATION & VEHICLE ROSTER**

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

OWNER NAME: \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ OTHER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

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

CONTACT PHONE: \_\_\_\_\_

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

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

ALTERNATE PHONE/EMAIL: \_\_\_\_\_

MT PUBLIC SERVICE COMMISSION PERMIT #: \_\_\_\_\_

NUMBER OF VEHICLE PERMITS REQUESTED: \_\_\_\_\_

VEHICLE YEAR/MAKE/MODEL	MT LICENSE PLATE #	GPIA PERMIT #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date