

**LAS CRUCES INTERNATIONAL AIRPORT LEASE APPLICATION**  
**RETURN THIS COMPLETED APPLICATION TO:**  
**City of Las Cruces, Airport Manager, P.O. Box 20000, Las Cruces, NM 88004**

Use this Application Form to request a Lease of Land, Facilities, or Commercial Rights at the Las Cruces International Airport. Complete all blocks with the appropriate information; mark blocks "N/A" when they do not apply to your request. Continue on separate sheets if additional room is required.

**1. INITIAL THE LEASE OR LEASES FOR WHICH YOU ARE APPLYING:**

- \_\_\_\_\_ **SPECIALIZED AVIATION SERVICE OPERATION (SASO) LEASE:** All persons (other than transient aircraft operators) using the Las Cruces International Airport for commercial purposes are required to enter into a non-exclusive lease agreement with the City for the right to conduct such commercial activities on City property (e.g., the Airport).
- \_\_\_\_\_ **LAND LEASE:** All persons wishing to construct improvements at the Airport must first enter into a Land Lease for a suitable Parcel. Return this form, with \$250.00 earnest money to the Airport Manager who will initiate the lease approval process, which will include approval/disapproval by the City Council.
- \_\_\_\_\_ **FACILITY LEASE:** All persons wishing to occupy City-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form, with \$250.00 earnest money to the Airport Manager who will initiate the lease approval process, which will include approval/disapproval by the City Council.

**2. APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.

Address: \_\_\_\_\_ Fax: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_.

\_\_\_\_\_ E-mail: \_\_\_\_\_.

\_\_\_\_\_

If applying as a business or other legal entity: Business Name: \_\_\_\_\_

President/CEO: \_\_\_\_\_ d.b.a. \_\_\_\_\_

**3. ACTIVITIES PROPOSED: Initial activities proposed to be conducted. For commercial activities, you will be required to conduct those activities proposed, and must also obtain a City of Las Cruces Business Registration, when required by law.**

- |   |  |
|---|--|
| _____ <b>Customer Services:</b>   | _____ Sales, leasing, financing, insuring and/or brokerage of aircraft, airframes, engines, and/or other aeronautical items. |
| _____ Food services including catering, restaurants, etc.                                     | _____ Storage of aircraft and parts.   |
| _____ Temporary lodging, such as hotel and motel operations.                                  | _____ Line Services (see Commercial Policy).   |
| _____ Transportation services, such as rental cars, shuttle buses, and taxis.                 | _____ <b>On-Demand Flying Services:</b>  |
| _____ <b>Airline Operations:</b>  | _____ Aerial photography or survey.  |
| _____ Air Carrier or Air Taxi Operations.   | _____ Agricultural operations (including "crop dusting").  |
| _____ Transportation of cargo and/or mail by aircraft.  | _____ Aircraft Charter operations for any purpose.   |
| _____ Other scheduled air transportation services or patrol activities.                       | _____ Aircraft rental to the public.   |
| _____ <b>Aircraft Support Services:</b>   | _____ Banner towing.   |
| _____ Aircraft manufacture, maintenance, repair and storage (as defined by the FARs):         | _____ Corporate Flight Operations.   |
| _____ Aircraft painting and/or washing using chemicals.                                       | _____ Dropping objects from aircraft.  |
| _____ Aircraft major and minor repair and maintenance.  | _____ Fire fighting (water and chemical applications) and 'smoke jumping'.   |
| _____ Manufacture, repair, or reconditioning of either new and/or used aircraft and/or parts. | _____ Pilot instruction conducted independently of an FAR Part 141 certified flight school.                                  |
| _____ Specialized repair services for aircraft appliances or aircraft components.             | _____ Pilot Schools conducted in accordance with FAR Part 141.   |
| _____ Warranty or guarantee service or supply.  | _____ Parachute jumping.   |
| _____ Flammable liquid storage and/or sales.  | _____ Sightseeing flights.   |
| _____ Preventive Maintenance for aircraft.  | _____ Other (list): _____  |
|   | _____  |
|   | _____  |

The City Council may elect to review any application for approval, modification, or disapproval.

\_\_\_\_\_  
 (Applicants Initials)

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**4. Aircraft to be based on the Leasehold (if any):**

<b>Class</b>	<b>Category</b>	<b>How Many</b>	<b>Proposed Use</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. Toxic or hazardous chemicals/substances, subject to regulation, permitting, and inspection by the EPA or NM State Environment Department, to be used/stored on the leasehold or other location on the Airport:**

**6. Briefly Describe Your Proposed Land or Facility Requirements and Location on the Airport:**

**7. FOR FACILITY LEASES ONLY: What Lease Terms do You Desire:**

\_\_\_\_\_ **Maximum. Initial Term: One (1) year, with four (4) one (1) year optional extended terms.**  
\_\_\_\_\_ **Other. Describe:**

**8. FOR LAND LEASES ONLY: Briefly Describe the Proposed Improvements You Plan to Construct:**

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**9. FOR SASO LEASES ONLY:**

- What is Your Proposed Occupancy on the Airport?

\_\_\_\_\_ Tenant of the City \_\_\_\_\_ Sub-let from another Lessee or Tenant \_\_\_\_\_ Non-Resident (“Through-the-Fence”)

- City of Las Cruces Business Registration/License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_.

- List any Positions Which Will Require FAA or EPA Certification or Licensure:

Number	Job Title	License or Certificate Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

- List the Hours of Proposed Operation for Your Business. You will be Required to Operate No Less Than at Those Times Listed. (FBOs offering Line Services must be open 7:00 a.m. - 7:00 p.m. daily):

Monday: _____ or 24 HOURS	Friday: _____ or 24 HOURS
Tuesday: _____ or 24 HOURS	Saturday: _____ or 24 HOURS
Wednesday: _____ or 24 HOURS	Sunday: _____ or 24 HOURS
Thursday: _____ or 24 HOURS	Holidays: _____ or 24 HOURS

**10. Amount and Types of Insurance Coverage to be Obtained (see current Airport Policies for required coverage):**

<u>TYPE INSURANCE</u>	<u>MINIMUM AMOUNTS</u>	<u>AMOUNT TO BE OBTAINED</u>
<i>General Liability:</i>	Each Incident \$1,000,000	_____
<i>Fire Casualty:</i>	Each Accident \$ 300,000	_____
<i>Environmental Remediation:</i>	Each Incident \$1,000,000	_____
<i>Other:</i>		_____

**APPLICANT’S CERTIFICATION:** The above application is true and complete to the best of my knowledge.

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Printed or typed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

**Return this form to the Airport Manager for processing, with the following attached:**

- Any additional information continued from the application, referenced by question number.
- Proof of Insurance.
- If sub-letting, a copy of the sub-letting agreement.
- If operating an FAA Certified business, a copy of the Certificate.

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**CONTINUATION SHEET.**

**Please continue any narrative from the application on this page.**

**Please reference your continuation by number.**

**Please attach additional continuation pages as required.**

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\_\_\_\_\_  
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