



# Warrenton-Fauquier Airport

**Airport Land Lease Application**  
**Return this completed application to:**  
**Airport Manager, Warrenton-Fauquier Airport, P. O. Box 198, Midland, Virginia 22728**

Use this application form to request a Land Lease at the Warrenton-Fauquier Airport. Complete all blocks with the appropriate information; make blocks "N/A" when they do not apply to your request. Continue on separate sheets if additional room is required.

Type or Print Application Clearly.

Date: \_\_\_\_\_

## 1. APPLICANT INFORMATION

Name: \_\_\_\_\_  
Name of individual completing this application

Address: \_\_\_\_\_  
Street address or P. O. Box, City, State, Zip Code

Phone Number: \_\_\_\_\_  
Work Home

Facsimile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**If applying as a business or other legal entity, complete the following:**

Name of Company/Business: \_\_\_\_\_

President/Partner(s): \_\_\_\_\_  
Name(s)

Federal Tax I.D. Number: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street address or P.O. Box, City, State, Zip Code

Describe Present Business:  
\_\_\_\_\_  
\_\_\_\_\_

**Have you or any interested parties in this application ever filed bankruptcy?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you or any interested parties in this application ever been convicted of a felony?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**2. PURPOSE OF APPLICATION** (check one):

**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 to the Airport Manager, who will initiate the Lease approval process, which will include approval or disapproval by the Airport Committee.

**FACILITY LEASE:** All persons wishing to occupy County-owned improvements at the Airport must first enter into a Facility Lease for the desired facility. Return this form to Airport Manager, who will initiate the lease approval process, which will include approval or disapproval by the Airport Committee.

**3. NATURE OF PROPOSED BUSINESS: Check all activities proposed to be conducted the first day of operations.**

**A. Aircraft Support Services**

- \_\_\_\_\_ Aircraft Storage
- \_\_\_\_\_ Aircraft painting
- \_\_\_\_\_ Aircraft Maintenance (major and/or minor repair)
- \_\_\_\_\_ Repair or reconditioning of used aircraft
- \_\_\_\_\_ Aircraft parts sales
- \_\_\_\_\_ Avionics repair, installation and/or sales
- \_\_\_\_\_ Aircraft sales, leasing, and/or brokerage
- \_\_\_\_\_ Sale of aeronautical items/supplies (charts, books, etc..)
- \_\_\_\_\_ Aircraft Management

**B. Airline Operations:**

- \_\_\_\_\_ Air Carrier or Air Taxi Operations
- \_\_\_\_\_ Transportation of cargo and/or mail

**C. On-Demand Flying Services:**

- \_\_\_\_\_ Aerial photography or survey
- \_\_\_\_\_ Agricultural operations (crop-dusting)
- \_\_\_\_\_ Aircraft Charter or any purpose
- \_\_\_\_\_ Aircraft Rental to the public
- \_\_\_\_\_ Corporate Flight Department
- \_\_\_\_\_ Flight School
- \_\_\_\_\_ Sightseeing flights
- \_\_\_\_\_ Aerial advertising
- \_\_\_\_\_ Ground school or Flight examiner
- \_\_\_\_\_ Other (list) \_\_\_\_\_
- \_\_\_\_\_ Other (list) \_\_\_\_\_

**4. BUSINESS REQUIREMENTS:**

A. Building/Facility Requirements: State the type and size of building/facilities/office needed to conduct the business. Indicate any special consideration for equipment, drainage, lighting, etc.

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**If applicable, attach a site plan and/or drawings.**

B. Will any part of the operations of this business require the storage, use of or transport of volatile, hazardous or toxic chemicals or waste on Airport Property? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Ownership: List all persons or companies that will own an interest in the proposed business.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

D. Management: List the person who will be managing the operations at the Warrenton-Fauquier Airport.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E. Requirement for Expenditure: Will your business require the Warrenton-Fauquier Airport to spend funds or supply labor or materials? \_\_\_\_\_ Yes \_\_\_\_\_ No (if yes, explain in detail)

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**Please sign and date the attached Certification.**



## SUPPORTING DOCUMENTS

Please provide a copy of all additional information that is checked below. All information that is required should be typed or printed legibly.

- All information or documents below.
- Brief description of previous experience you have in the proposed business.
- Three (3) business references.
- Three (3) credit references.
- Licenses or permits required to conduct this business (i.e.: FAA Part 135 Certificate or Air Agency Certificate).
- Site Plans or Drawings (if applicable).
- Business Plan or Pro Forma.
- Certificate of Insurance.
- Virginia Aircraft License (if applicable).
- Last year's financial statements to include balance sheet, income statement or individual tax returns.
- Other: \_\_\_\_\_

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