



**DENTON ENTERPRISE AIRPORT
AIRCRAFT STORAGE
AGREEMENT NON-CITY OWNED**



(Required for storage of aircraft in Non-City owned aircraft storage areas)

Application for (check all that apply):

New Change of Information

Applicant/Business Name: _____

Authorized Representative: _____ Email: _____

Work Phone: _____ Cell: _____ Fax: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Billing Phone: _____ Billing Email: _____

Aircraft Make Model: _____ Storage Location: _____

FAA Registration No: _____ Wing Span: _____

(FAA REGISTRATION MUST BE ATTACHED)

The Applicant hereby requests the above action(s), and in consideration of this request being granted, agrees to the following:

1. PERMIT LIMITATIONS: This permit may not be assigned or transferred. Periodic inspections will be conducted to ensure that the assigned space is only occupied by the aircraft listed above.
2. INFORMATION CHANGES: The Applicant shall notify Airport Administration, in writing within fifteen (15) days, of any change to the information provided.
3. RELEASE OF LIABILITY: The City assumes no liability for damage or loss to personal property while operating at Denton Enterprise Airport. The applicant acknowledges and understands the aircraft wingspan limitations on the airport.
4. INDEMNIFICATION: The Applicant and invitees shall indemnify the City pursuant to Chapter 3 City Code.

5. COMPLIANCE WITH THE LAW: The Applicant shall comply with all applicable laws, ordinances, rules and regulations. To view regulations, go to <https://www.dentonairport.com/regulatory-documents>.

Please check the box for each item attached and submitted with the application:

Lease/License Agreement

Sublease Agreement

Airport Driver Permit

Insurance

Airport Business Permit

The undersigned representative certifies he/she is authorized to sign for the business and acknowledges receipt of a copy of this permit.

Applicant Signature (Print Name): _____ Date: _____

By Checking this box, I affirm that the information entered above is accurate and that the name typed above represents my official signature

Please submit the form with an electronic signature to airport@cityofdenton.com OR print, sign and return to 5000 Airport Dr. Denton, TX 76207

Staff Use Only

Application, permits, and insurance reviewed by: _____

Airport Manager Comments/stipulations: _____

Approved by Airport Manager or designee: _____ Date: _____