

TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT
STATE OF ALASKA, DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES
AIRPORT LEASING & PROPERTY MANAGEMENT

CONCESSIONS LEASE APPLICATION

<p>1. <u>Name to Appear on Lease/Permit</u> (Must match name on Alaska Business License): Name: _____</p> <p>2. <u>Lease/Permit Contact Name</u> (Person with Signature Authority): Name: _____ Address: _____ _____ _____ Phone: () _____ FAX: () _____ e-mail: _____</p>	<p>4. <u>Billing Contact Information:</u> Name: _____ Address: _____ _____ _____ Phone: () _____ FAX: () _____ e-mail: _____</p>						
<p>3. <u>Name of Local Contact Person:</u> Name: _____ Phone: () _____ FAX: () _____ e-mail: _____</p>	<p>5. If Applicant is a business, indicate which type below and provide documentation as required in the instructions.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company (LLC)</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p style="text-align: center;"><i>Are you registered to do business in the State of Alaska?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Government	<input type="checkbox"/> Other _____
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership						
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)						
<input type="checkbox"/> Government	<input type="checkbox"/> Other _____						
<p>6. Description of Area Requested (if no room number exists, attach drawing showing proposed location and dimensions):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Term Requested: _____ Starting Date: _____</p>							
<p>7. Is this an application for renewal of an existing contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the following: Lease/Permit No.: ADA-_____ Expiration date: _____</p>							
<p>8. Is this intended as a competing application in response to a current public notice? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide the following: Lease/Permit No.: ADA-_____ Property Description: _____</p>							

TED STEVENS ANCHORAGE INTERNATIONAL AIRPORT
Department of Transportation & Public Facilities
Airport Leasing & Property Management
PO Box 196960, Anchorage AK 99519-6960
Phone: 907-266-2420 ♦ Fax: 907-266-2458

INSTRUCTIONS AND INFORMATION FOR CONCESSIONS AGREEMENT APPLICATIONS

All applications must be accompanied by a \$100.00 non-refundable application service fee. Checks should be made payable to "State of Alaska."

The State reserves the right to return incomplete applications or request additional information. Applicants are encouraged to review 17 AAC 42.200-42.245 for help in understanding the regulations that govern the Airport's lease application review process, any subsequent agreement, and how to conduct a business at the airport.

Application expires one year after date of applicant signature, subject to 17 AAC 42.010 or expiration of public notice, subject to 17 AAC 42.215 (k).

The rental rate for terminal space is negotiable per square foot per year. Pursuant to **17 AAC 42.200**, a lease may include a percentage of gross business sales charge or be competitively offered.

Please complete the application according to the following instructions:

1. **Name to Appear on Lease/Permit:** For commercial applicants, the name in Item 1 must match the business license, corporation, or other certificate name.
2. **Lease/Permit Contact Name:** Person with Signature Authority to sign the Lease/Permit and related documents
3. **Name of Contact Person:** Name of local contact person, if other than applicant.
4. **Billing Contact Information:** Contact information for account invoicing.
5. **Business Information:** Check only one box and attach copies of your Alaska business license, corporate or LLC certificate, Articles of Organization or Incorporation (with latest meeting minutes showing officers, current signatory authority), and/or partnership agreement (can be for private or commercial and must show who has signatory authority for the partnership). Businesses need to be registered with the State of Alaska in order to enter into an agreement.
6. **Description of Location and Term Requested:** Indicate the room number(s) of the space you are interested in (attach drawing if possible) and desired contract term (length in years, months, or days).
7. **Existing Tenant Information:** Check yes only if you are the current tenant of the space being requested and fill in the current ADA number and expiration date.
8. **Competing Application:** If this application is being filed in response to a public notice, mark yes and fill in the ADA number and premises description from the notice.
9. **Requested Use(s) of the Property:** List all intended uses.
10. **Name and Signature:** Sign your application and print your name, company name, title and the date.

11. Application Checklist: Check attachments to be sure all required items are submitted:
- a. \$100.00 non-refundable application fee. Checks should be made payable to "State of Alaska". Applications submitted without a filing fee may not be processed.
 - b. Sign and date the application.
 - c. Attached required drawings and documents.
 - d. Alaska Business License or other requested business documentation

INSURANCE: In most cases, the tenant is required to carry adequate insurance to protect both the tenant and the State against comprehensive public liability and property damage. The terms and limits of the insurance requirements will be based on the risks relative to the tenant's operations. This may include:

- ◆ Minimum coverage limits of \$1,000,000 per occurrence or such higher limits as the State reasonably finds necessary to provide adequate and appropriate coverage for the risks posed by the applicant's use of the Premises and activities at the Airport; and
- ◆ Comprehensive Automobile Liability insurance with coverage of not less than \$1,000,000 combined single limit per occurrence and aggregate per year and \$100,000 per person bodily injury sublimits; and
- ◆ Worker's Compensation insurance coverage for all employees engaged in work, as required under AS 23.30; and
- ◆ State of Alaska named as Additional Insured; and
- ◆ Waiver of Subrogation endorsement with respect to Worker's Compensation and Automobile Liability insurance; and
- ◆ 30-day notice of cancellation.

(It is suggested that the applicant investigate the cost of such coverage prior to making application for lease.)