

SANTA MARIA PUBLIC AIRPORT DISTRICT

REVOCABLE PERMIT AGREEMENT
APPLICATION FORM

(Must be submitted 60 days prior to the event.)

Type of Event: _____

NAME OF PRIMARY SPONSOR: (This person will be main contact and responsible for the requirements listed with (*) below.

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip code: _____

ADDITIONAL PARTICIPANTS:

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip code: _____

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of Event: _____ Times: _____

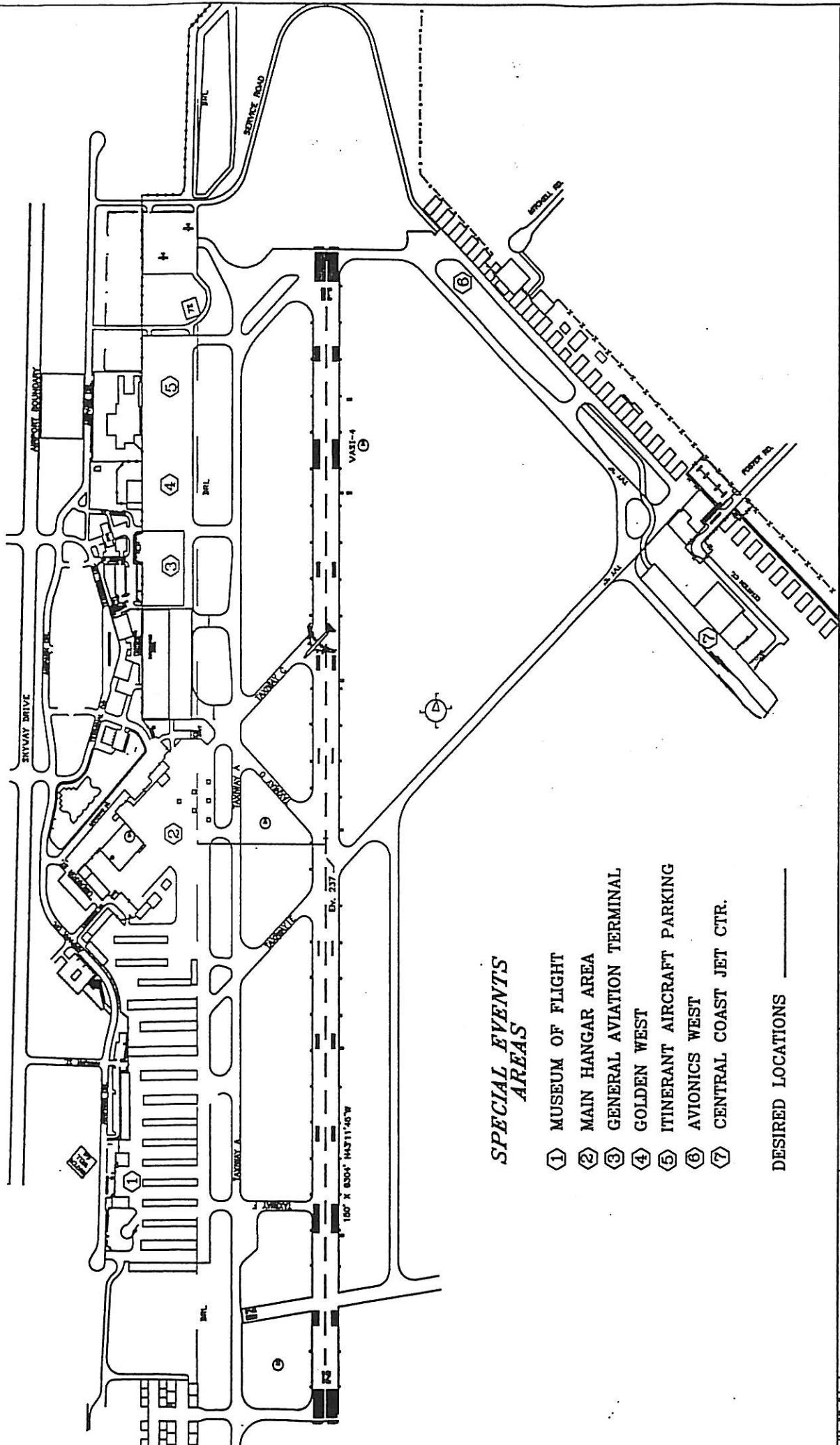
Attach supporting documents for:

- * 1. Sanitation (restroom, garbage, etc.)
- * 2. Security (such as Bomar, police, etc.)
- * 3. Insurance (liability will be required)
- * 4. F.A.A. Approval (if applicable)

Please mark in color, on the attached map of the airport, the locations selected for the event use.

Date: _____

Signature



SPECIAL EVENTS AREAS

- ① MUSEUM OF FLIGHT
- ② MAIN HANGAR AREA
- ③ GENERAL AVIATION TERMINAL
- ④ GOLDEN WEST
- ⑤ ITINERANT AIRCRAFT PARKING
- ⑥ AVIONICS WEST
- ⑦ CENTRAL COAST JET CTR.

DESIRED LOCATIONS _____

III-02-04 APPROVED BY _____ DATE _____	DRAWN BY: RAYMOND L. HEATH	 SANTA MARIA PUBLIC AIRPORT DISTRICT SELF TERMINAL DRIVE SANTA MARIA, CA 93466	DRAWING NUMBER SPECIAL EVENTS SHEET 1 OF 1
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