



Nampa Municipal Airport
 116 Municipal Drive Nampa, ID 83687
 Office 208-468-5823 Fax 208-442-2787
 Email: airport@cityofnampa.us

LEASE/BUSINESS APPLICATION

IMPORTANT NOTICE: As a general rule, only non-aeronautical use that is incidental to aeronautical use may be permitted.

 Owner Name or Name of Officer

 Corporate Name (if any)

 Mailing Address

 Name of Partner or Name of Officer

 City, State, Zip

 Daytime Phone (work, home, cell)

 Email Address

 Alternate Phone (work, home, cell)

Site Use Information:

Storage Hangar Use

Commercial Business Use**

Site Lot # _____

Lot Size Needed _____

Type of Aircraft _____

Number of Aircraft _____

**** Describe proposed business use as it applies to the Minimum Standards in City Code.**

I have received and read a copy of the Nampa Municipal Land Lease Reservation and Construction Policy. By submitting this application I agree to comply with the Policy and with the associated Building Design and Construction Standards.

Enclosed is \$_____ deposit as per the fee schedule.

 Applicant's Signature

 Applicant's Printed Name

 Date

**THIS APPLICATION MUST BE RECEIVED IN WRITING WITH DEPOSIT
 AND RELEASE FORMS TO BE VALID.**

1) Mail to: Nampa Municipal Airport
 116 Municipal Drive
 Nampa, Idaho 83687

2) Deliver in person to Airport Staff at:
 116 Municipal Drive
 Nampa, Idaho 83687

AIRPORT USE ONLY

 Date Received

 Staff Member Receiving

\$ _____
 Deposit Amount Received

AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned, authorize Innovative Credit Solutions (ICS), and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to provide documentation of my current credit status to:

City of Nampa, Idaho
(NAME OF COMPANY REQUESTING REPORT)

Is this report for pre-employment screening? Yes _____ No X

Person reports are requested on:

Print Name: _____ Date: _____

Signature: _____

Social Security: _____ DOB: _____

Present Address: _____

City: _____ State: _____ ZIP (required): _____

PHONE 1-800-345-2746 FAX 1-888-571-7222

INNOVATIVE CREDIT SOLUTIONS, INC.
1011 HEYWARD STREET
P.O. BOX 1386
COLUMBIA, SC 29202
www.icscredit.com email: ics11@bellsouth.net

