



COMMERCIAL PASSENGER VEHICLE DAILY PERMIT APPLICATION

Please allow THREE BUSINESS DAYS for your application to be processed

Company Name _____

Recognized Company Name (if different than Official Name): _____

Type of Business (check all that apply): Limo/private Car Hotel Courtesy Taxi Non-Profit Other

Physical Address: _____

City/State/Zip: _____

Mailing Address (if different than above): _____

City/State/Zip: _____

Contact Person: _____ Title: _____

Email (required): _____ Phone: _____

Company Website: _____

By signing below, I certify that I am an authorized representative of the Company listed above and have the legal authority to enter into Agreements on behalf of the Company listed above. I certify that the information on this application is accurate and complete, and that I have obtained all applicable licenses, permits and other authorizations necessary to operate at the Cincinnati/Northern Kentucky International Airport.

I understand an additional administrative fee of \$25.00 will apply if my complete application is submitted less than 3 business days in advance of the first trip for which a permit is required. I also agree to operate and do business at the Airport consistent with all applicable federal, state and local laws, regulations and ordinances and according to the rules and regulations of the Kenton County Airport Board.

Name: _____ Signature: _____

Title: _____ Date: _____

Enter trip detail on the following page

Apply for up to four daily permits per page. Permits must be obtained for dates of any Airport Trip (pick-up or drop-off)

Trip 1: ___Pick-Up or ___Drop-Off

Date of trip	Time	Airline	Flight #	Expected # of Travelers

Year	Make	Model	Vin #	Seating Capacity	License Plate #	State

Trip 2: ___Pick-Up or ___Drop-Off

Date of trip	Time	Airline	Flight #	Expected # of Travelers

Year	Make	Model	Vin #	Seating Capacity	License Plate #	State

Trip 3: ___Pick-Up or ___Drop-Off

Date of trip	Time	Airline	Flight #	Expected # of Travelers

Year	Make	Model	Vin #	Seating Capacity	License Plate #	State

Trip 4: ___Pick-Up or ___Drop-Off

Date of trip	Time	Airline	Flight #	Expected # of Travelers

Year	Make	Model	Vin #	Seating Capacity	License Plate #	State

**DAILY PERMIT
CHECK LIST**

- Application Form for Daily Permit
- Legible copy of registration for each applicable vehicle
- Certificate of Auto Liability
 1. Must show proper auto liability amounts as required by K.R.S. 281.655
 2. Must name the Kenton County Airport Board as an additional insured. The Certificate Holder should read: Kenton County Airport Board, Risk Manager, and P.O. Box 752000, Cincinnati, OH 45275.