

**CITY OF CHICO
CHICO MUNICIPAL AIRPORT**

QUALIFICATION FORM

Chico Municipal Airport Concession/Building Leases

Submitted By: _____ Date: _____

Instructions: Prospective tenants must present evidence that they are fully competent and have the necessary facilities, experience and pecuniary resources to fulfill the conditions of the leasehold privileges they request. To provide the Chico Municipal Airport with this necessary information, we request that the following form be completed and a current credit report be attached.

Information to be furnished:

1. For exactly what purposes do you propose to use the Land/Building?

1.1 General Statement of Charter of Operations:

1.2 Site and building facilities required:

1.3 Anticipated Rental to be paid:

1.4 Estimated Business Volume (if applicable):

2. What Person/Firm Proposes to lease the Land/Building? (circle one)

Individual Partnership Corporation

Name:

Principal office address:

Official Representative:

Answer this if a Corporation:

Date Incorporated:

State where incorporated:

President's Name:

Vice President's Name:

Treasurer's Name:

Secretary's Name:

Answer this if a Partnership:

Date of Organization:

General or Limited Partnership:

Agreement Recorded:

(County, State, and Date)

Name and address of each partner:

Name

Address

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3. Please list all previous business experience for at least the last 10 years. (Use separate sheet if necessary).

3.1 General Statement:

3.2 Years of Experience:

4. **Locations of Activities.** Please identify for us the names and locations of places at which you or your organization has operated above-mentioned businesses, together with dates of operation.

Dates

Type of Operation

Name

Location of Operation

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5. **Dollar Volume of Business:** Please state the range of gross receipts you or your organization has realized from the operation of the above-mentioned facilities.

<u><i>In any one year</i></u>	<u><i>In the most recent year</i></u>
\$ _____	\$ _____
_____	_____
_____	_____
Location	Location

6. **References:**

6.1 **Landlords:** Please furnish us with the names and addresses of your last three landlords for the operations you noted above.

<u>Operation</u>	<u>Landlord</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have any leases for the operation of similar privileges held by you or your organization ever been canceled?

Yes _____ No _____

If yes, please describe location, date and conditions, and the name of Landlord.

Financial Institutions:

Bank:

Address:

_____	_____
_____	_____
_____	_____
_____	_____

7. **Financial Responsibility:** Please complete the following balance sheet, which need not be audited. Data should not be more than six (6) months old prior to this date. Alternatively, attach a recent financial statement and balance sheet prepared by your firm.

Balance Sheet

Date: As of _____, 20_____.

Assets

- A. Cash _____
- B. Accounts Receivable _____
- C. Notes Receivable _____
- D. Current Assets other than cash and receivables, such as stocks, bonds, and other securities _____
- E. Real estate, owned and registered in the name of the applicant _____
- F. Equipment, depreciated value _____
- G. Other Assets _____
- Total Assets _____

Liabilities

- A. Notes Payable _____
- B. Accounts Payable _____
- C. Real Estate Encumbrances _____
- D. Judgements _____
- E. Other Liabilities _____
- F. Surplus Reserves _____
- G. Capital Stock Paid Up _____
- H. Surplus (Net Worth) _____
- Total Liabilities _____

8. Representation by Realtor/Broker: Are you being represented in this application by a Realtor/Broker? If yes, please identify.

Realtor/Broker Firm: _____

Name of Representative: _____

Address: _____

Telephone: _____

Fax: _____