



# 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.
  3. Scheduled auto policies must also include a schedule of the covered vehicles