Rev. 10/18/2024 Page 1



PERMIT ATTACHMENT COMMERCIAL FACILITY USE

Des Moines Airport Authority 5800 Fleur Dr, Suite 207 Des Moines, IA 50321

SUBMIT WITH PERMIT APPLICATION FORM PUB-0001

A) TYPE OF FACILITY USE						
Ac	Activity Type					
	☐ Movie ☐ Photography ☐ Videography ☐ Posting of Signage ☐ Food Truck					
Ιп	☐ Other					
B) REQUESTED AREA OF ACTIVITY						
Provide Address or Detailed Description of Area of Activity and Include Maps or Diagrams as Applicable						
C) REQUESTED DATE(S) AND TIME(S) OF ACTIVITY						
Provide Date(s) and Time(s) of Proposed Activities						
Range	From Date	From Time	ТО	To Date	To Time	
υ	From Date	From Time	ТО	To Date	To Time	
Range						
Φ	From Date	From Time	ТО	To Date	To Time	
Range						
	From Date	From Time	то	To Date	To Time	
Range						
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Range	From Date	From Time	то	To Date	To Time	
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ā	From Date	From Time	TO	To Date	To Time	
Range						
	Every Dade	From Time	ТО	To Date	To Time	
Range	Tiom bale	IIOIII IIIIIe		10 Date	10 mile	
D) INSURANCE INFORMATION						
Insurance Carrier Name Insurance Carrier Contact Name/Number Insurance Policy Number						
Describe Limits (Certificate of Insurance with Airport Listed as Additionally Insured Will be Required)						