



# PERMIT

2850 Airport Road  
 La Crosse, WI 54603  
 (608) 789-7464

## SPECIAL ACTIVITIES

### A) THIS SECTION TO BE COMPLETED BY APPLICANT IN INK

Legal Last Name		Legal First Name		Legal Middle Name	
Company					
Mailing Address					
City			State		Zip
Daytime Phone		Fax		E-Mail Address	
Requested Activity					
<input type="checkbox"/> Air Show <input type="checkbox"/> Aeronautical Activity <input type="checkbox"/> Commercial Photography <input type="checkbox"/> Airport Hunting <input type="checkbox"/> Posting of Signage <input type="checkbox"/> Picketing/Demonstration <input type="checkbox"/> Self Fueling <input type="checkbox"/> Other _____					
Description of Special Activity Requested for Authorization					
Insurance Provider		Insurance Limits			

### B) PERMIT ASSURANCES

As a requester for a special activities permit at the La Crosse Regional Airport, I agree to indemnify and save harmless and assume the defense of the City of La Crosse (City), its agents, employees, and officials, from and against any and all liabilities, damages, expenses, causes of action, suits, claims or judgments; and to pay all attorneys' fees, court costs, and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its agents, employees or officials by reason of or on account of damages to the property of, injury to, or death of, any person arising from my activity at the La Crosse Regional Airport, including acts of omission on my part.

I further assure that I will maintain at all times adequate public liability and property damage insurance in sufficient amounts as hereinafter promulgated by the State of Wisconsin to protect my activities and the City from legal liabilities resulting from this activity. I will provide the City of La Crosse a certificate of insurance listing the City of La Crosse as additionally insured without demand and prior to commencing activities under this permit. During the course of conducting activities as stipulated by this permit I will ensure that all federal, state, and local statutes, rules, and regulations shall be complied with at all times.

It is agreed and understood that any violation of the standards of this permit may result in its revocation and the City of La Crosse reserves the right to terminate this permit at any time for any reason.

Name of Applicant (Print)	Signature of Applicant	Date
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### C) PERMIT VALIDITY

Issued permits are valid for a period as described on the permit approval page.

### D) FEES

The City of La Crosse may charge a fee for the activity proposed within this permit application. Requestor is responsible for prompt payment of all fees in conjunction with approval of this permit.

**E) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL**

Application Process Completed			Date
Applicants information completed and correct to best of knowledge			
Reason for permit application stated and applicable			
Signatures completed			
If applicable, application fee paid and payment submitted to airport administration office: Amount \$ _____	Permit Start Date:		
	Permit End Date:		
<input type="checkbox"/> Cash			
<input type="checkbox"/> Check # _____			
<input type="checkbox"/> Bill Account _____			
Insurance certificate provided: Certificate Number _____			
Permit Issued	<input type="checkbox"/> Yes By _____		
	<input type="checkbox"/> No By _____		

PROVIDE A COPY OF THE COMPLETED PERMIT INCLUDING PERMIT NUMBER TO APPLICANT AS CERTIFICATION OF PERMIT ISSUANCE

Permit Number			
Permit Valid From		Permit Valid To	
Permit Terminated On		Permit Terminated By	

**F) TERMS**

The following special terms apply to this permit and are hereby made a condition of the granting of this permit: