**City of Cleveland**

**Department of Port Control**

**Cleveland Hopkins International Airport**

**2016 - 2017 Permit for Operation of a Shuttle or Limousine**

Name of Corporation – Business DBA

Mailing Address City State Zip Code

( )

( )

Telephone Number Fax Number Email Address

Name of Owner

Owner’s Address City State Zip Code

( )

( )

Owner’s Telephone Number Fax Number Email Address

 \_ Driver’s License Number State Expiration Verification Purposes

I hereby acknowledge that I understand the rules, regulations, and policies contained within this application and furthermore, understand that the Department of Port Control may modify or amend any or all of these rules, regulations, and policies and that violation may result in revocation of an Airport issued permit.

Signature Title Date

**For Ground Transportation Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| GTO AuthorizedRepresentative | DateIssued | Information CompleteYes/No | Hang Tag/Swipe CardNumber Issued |
|  |  |  |  |