



MINDEN-TAHOE AIRPORT

DOUGLAS COUNTY NEVADA

LAND LEASE APPLICATION

BUSINESS NAME: _____

If Applicable

LEASE APPLICANT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____ FAX: _____

EMERGENCY CONTACT(S):

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE PROVIDE A STATEMENT DESCRIBING THE LEASE REQUEST:

This application may require a survey. All costs for the survey are the responsibility of the applicant.

Lease non-refundable administrative processing fee: \$750.00

Three months lease paid in advance.

Applicant Signature

Date

**** ADMINISTRATIVE ONLY ****

APPLICATION APPROVED

YES

NO

\$750.00 ADMIN FEE PAID

YES

NO

COMMENTS: _____
