



COMMERICAL ACTIVITY APPLICATION

Owner Information:

Sole Proprietor

Partnership

Corporation

Limited Liability Company

Other

(Name of Corporation, LLC, Partnership, or other)

(Address)

(State Incorporated)

List of all owners:

Name

Address

City, State, Zip

Email Address

Phone

Name

Address

City, State, Zip

Email Address

Phone

Name

Address

City, State, Zip

Email Address

Phone

Applicant Signature: _____

Date: _____

Send the completed document to misaacs@golws.com or mail it to:

Airport Director
3632 Stearman Street
Lewiston, ID 83501
208-748-9132