

**City of Cleveland
Department of Port Control
Cleveland Hopkins International Airport**

Aug. 1, 2019 - July 31, 2020 Motor Coach Permit Application

# of Permits	Company: _____
	Address 1: _____
	Address 2: _____
	City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

E-Mail Address of Contact: _____

Office Phone #: _____ Cell Phone #: _____

PUCO/UCR registration expiration date: _____

VEHICLE LIST		
MAKE	MODEL	LICENSE PLATE #

(If needed, attach Additional Vehicle List.)

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 or amend any or all of these rules, regulations, and policies and that violation may result in revocation of an Airport issued permit.

Print Name: _____

Signature: _____ Date: _____

For Ground Transportation Office Use Only

GTO Authorized Representative	Date Issued	Hang Tag Number(s) Issued