

**HELISTOP/HELIPORT LICENSE APPLICATION**  
*Allow 2 weeks for approval*



\_\_\_\_\_ New \$500.00  
 \_\_\_\_\_ Renewal 500.00  
 \_\_\_\_\_ Special Permit 50.00

Date \_\_\_\_\_

[www.wichita.gov](http://www.wichita.gov)

**CITY LICENSE** 455 N Main Wichita, KS 67202  
 (316) 268-4553

**BUSINESS INFORMATION**

Name	Business Phone		
Business Address	Zip		

**APPLICANT INFORMATION**

Name	Home Phone		
Residential Address	Zip		
Email			

**HELISTOP/HELIPORT**

Location					
Legal Description					
Common Address				Zip	
Type	Class I		Class II		Class III

**PROPERTY OWNER**

Name	Phone		
Address	Zip		

Is this application accompanied by:

- |                                                                                          | <u>Yes</u> | <u>No</u> |
|------------------------------------------------------------------------------------------|------------|-----------|
| 1. Proposed plans and specifications for Helistop?                                       | _____      | _____     |
| 2. Map showing intended routes of ingress and egress?                                    | _____      | _____     |
| 3. Authorization required or issued by the FAA?                                          | _____      | _____     |
| 4. Current list of all helicopter pilots?                                                | _____      | _____     |
| 5. Current proof of insurance?                                                           | _____      | _____     |
| 6. If you are applying for a Special Permit, please explain why needed and dates needed: |            |           |

I, \_\_\_\_\_, the above named applicant, have read Section 9.24 of the City Code pertaining to regulations and requirements of said license herein applied for, and affirmatively state that all of the conditions and requirements have been met to receive a license under its terms. Furthermore, I hereby agree to comply with all of the laws, requirements, and conditions set forth by the Federal Aviation Administration in relation to this license.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Notary Public

My appointment expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**FOR OFFICIAL USE ONLY**

LICENSE #	DATE
TOTAL FEE	EXPIRATION DATE