



CONCESSIONS CONTACT INFORMATION
 Non-Preferred Meet & Greet Service Providers

COMPANY: _____

Owner	Name					
	Company					
	Address					
	City		State		ZIP Code	
	Phone				Cell Phone	
	Fax				Email	

Local Manager	Name					
	Title					
	Address					
	City		State		ZIP Code	
	Phone				Cell Phone	
	Fax				Email	

1. Submit a list of all locations within DFW Terminals where you currently operate.
2. Submit an image of employee uniforms.
3. Attach the menu, including services, prices, and website for reservations.
4. Submit a list of any provisions required, such as office space, storage, parking, etc.
5. Additional information may be requested after initial form submission.
6. This Percent Rent for this Permit will be fixed at 15% of Gross Receipts.

Return Completed Form with all materials by **Wednesday, September 5th, 2018** to:

Cristen Mosley, Concessions Department cmosley@dfwairport.com Phone: 972-973-4810 / Fax: 972-973-4821
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PROPOSER'S ACKNOWLEDGEMENT

Name and Title of Signer: _____
 (Print or Type)

Company: _____

Signature: _____ **Date:** _____