



CONCESSIONS SUBMISSION FORM

Please complete and submit this form, along with all supporting documentation e-mailed to Concessions.Operations@wcaa.us



GENERAL INFORMATION

Concessionaire: _____ Contract #: _____

Unit Name: _____ Space ID: _____ Terminal: _____

Submitted By: _____ Submission Date: _____

Email: _____ Phone: _____

REQUEST TYPE

Change of TSA Prohibited Items (New, Broken, Removed)	Brand Change	Does This Form Include Attachments? Yes No
Hours of Operation Change	Pest Control Assistance	
Offerings / Price Change	Outside Services	
Signage Alteration/Change	Information Inquiry	
Marketing Related	Other	

DESCRIPTION OF REQUEST

<p><u>CONCESSIONS OFFICIAL USE ONLY</u></p> <p>Received By: _____ Date: _____</p> <p>Completed By: _____ Date: _____</p>	<p><u>NOTES</u></p>
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