

**COMMERCIAL TENANT APPLICATION**

**SIGNATORY INFORMATION**

Legal Name of Business: \_\_\_\_\_  
\_\_\_\_\_

Federal EIN or SSN: \_\_\_\_\_ Year Opened: \_\_\_\_\_

Legal Business Status:  Individual/Sole Proprietor/ Single-Member LLC  
 C or S Corporation     Partnership     Trust/Estate  
 LLC – please provide Tax Classification (choices below) : \_\_\_\_\_  
(C = C Corporation    S = S Corporation    P = Partnership)

Type of Business:     Retail     Wholesale     Manufacture     Service/Installation  
 Nonprofit  
 Other \_\_\_\_\_

Business Website: \_\_\_\_\_

Legal Name of Principal Officer that will sign the Lease and the Personal Guarantee:  
\_\_\_\_\_

Principal's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Principal's Phone:    Cell: \_\_\_\_\_

Office: \_\_\_\_\_

Home: \_\_\_\_\_

Principal's Email: \_\_\_\_\_

Principal's Title: \_\_\_\_\_

**BUSINESS INFORMATION**

Current Business Address: \_\_\_\_\_

\_\_\_\_\_

Years at this address: \_\_\_\_\_

Why do you wish to move from this location? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What products or services do you provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the target market of your business? \_\_\_\_\_

\_\_\_\_\_

How long has your business been in operation? \_\_\_\_\_

If startup, do you have a base of capital that you will be working from that will guarantee your Lease?

\_\_\_\_\_

What are your hours of operation? \_\_\_\_\_

How many employees will report to work here? \_\_\_\_\_

How many visitors/customers do you expect daily and how long will they stay? \_\_\_\_\_

\_\_\_\_\_

**BUILDING INFORMATION**

When do you want to occupy the building? \_\_\_\_\_

How long do you want to lease the building? \_\_\_\_\_

What SPECIFICALLY will you be using the building for? Be clear and specific as this will be incorporated into your Lease as your permitted use for the building: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you require any construction to adapt the interior; if so, what? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all hazardous substances that will be on the premises and the approximate amounts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**LEASE REFERENCES**

Current Landlord's name and phone number: \_\_\_\_\_

\_\_\_\_\_

Previous Landlord's name and phone number: \_\_\_\_\_

\_\_\_\_\_

By your signature below, you agree that the information disclosed by you herein is true, complete, and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a Lease.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**CONCENT TO CREDIT CHECK**

I, \_\_\_\_\_,  
the undersigned applicant authorizes the Landlord, Doris Brugnoli Trustee of the Doris Brugnoli Revocable Living Trust to investigate the accuracy of the information contained in this application. I further authorize all banks, employers, creditors, credit card companies, references, and any and all other person to provide to Landlord any and all information concerning my credit.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



**Please submit with this Application copies of:**

Personal Guarantor's Driver's License

Brochure or marketing material on business