

**TWO SIDED****Commercial Tenant Application****PLEASE PRINT ALL DETAILS AND COMPLETE ENTIRE FORM BOTH SIDES!!**

STORE LOCATION \_\_\_\_\_

APPLICANT'S BUSINESS NAME \_\_\_\_\_ CORP \_\_\_\_\_ LLC \_\_\_\_\_

APPLICANT'S FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_

APPLICANT'S EMAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY OR EIN NUMBER \_\_\_\_\_

SPOUSE OR PARTNER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER REFERENCE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

HOW LONG EMPLOYED \_\_\_\_\_ POSITION HELD \_\_\_\_\_

BUSINESS REFERENCE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS OF REFERENCE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ CONTACT'S NAME \_\_\_\_\_

NATURE OF RELATIONSHIP \_\_\_\_\_

LANDLORD REFERENCE \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ HOW LONG AT THAT ADDRESS \_\_\_\_\_

|  |                |               |
|--|----------------|---------------|
|  | <u>Savings</u> |               |
| Banks where you maintain your accounts | Name _____     | Address _____ |

|       |                 |               |
|-------|-----------------|---------------|
|       | <u>Checking</u> |               |
| _____ | Name _____      | Address _____ |

Have you ever been evicted or requested to vacate any commercial space? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Have you or your company ever filed for Bankruptcy? \_\_\_\_\_

Do you have any law suits outstanding \_\_\_\_\_

How long in business \_\_\_\_\_ Other locations you own \_\_\_\_\_

Accountant's name &amp; phone # \_\_\_\_\_

Attorney's name &amp; phone # \_\_\_\_\_

A deposit of \$ \_\_\_\_\_ is hereby rendered. Should this application not be approved, Landlord shall not be responsible for any claim or damage other than the return of the deposit. If I (we) do not sign a lease and/or make all payments as provided for in this application within ten (10) days after approval, Landlord may, at his option, cancel this application and the deposit paid in by applicant shall be retained as liquidating damages by Landlord.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: IMPORTANT - YOU MUST COMPLETE ENTIRE FORM BOTH SIDES AND ATTACH A COPY OF YOUR DRIVER'S LICENSE.**

