

Commercial Lease Application

Port of Siuslaw

PO Box 1220 Florence, OR 97439 (541) 997 3426

Business Information

Legal Name of Business		DBA Name (if different from Legal Name)		
Street Address (a physical address, not a P.O. Box)		City/County	State	Zip
Mailing Address (if different from Street Address)		City/County	State	Zip
Business Phone #: (____)_____ Business Manager: _____ Contact #: _____				
Annual Sales : _____ Federal Tax ID #: _____ # of Employees: _____				
Date Established: _____ Current owner Since: _____				
Type of Organization: <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> LLP				
Average sales: \$ _____				
Briefly describe the product sold or service rendered by your business (e.g. accountant, bike shop, etc): _____				

Business Financial Information

Gross Receipts/Sales (Complete accordingly for last three (3) years):					
Current Year	\$ _____	Last Year	\$ _____	Previous Year	\$ _____
Identify bank(s) where applicant's/firm's accounts are maintained.					
Name of Bank	Bank Address	Account No.	Type of Account	Contact	Phone
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Do you have a line of credit? No Yes (If yes, identify below)					
Source	Limit	Name of Creditor	Contact	Phone	
_____	\$ _____	_____	_____	_____	
_____	\$ _____	_____	_____	_____	
List current creditor(s) or lender(s) or loan(s) to the applicant/firm.					
Name of Creditor/Lender	Type of Credit/Loan	Dollar Value	Contact	Phone	
_____	_____	\$ _____	_____	_____	
_____	_____	\$ _____	_____	_____	

Principal/Owner/Guarantor Information

1	Name	Social Security Number	DOB:
	Home Address	City/County	State Zip
	% of Ownership is Business	Gross Income*	
	Own / Rent Home?	Personal Net Worth Excluding Business Value	

2	Name	Social Security Number	DOB:
	Home Address	City/County	State Zip
	% of Ownership is Business	Gross Income*	
	Own / Rent Home?	Personal Net Worth Excluding Business Value	

3	Name	Social Security Number	DOB:
	Home Address	City/County	State Zip
	% of Ownership is Business	Gross Income*	
	Own / Rent Home?	Personal Net Worth Excluding Business Value	

*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

~ If there are more than three applicants, please use another application and reference the business name on front. ~

<i>Has any applicant above ever been convicted of:</i>	<i>No</i>	<i>Yes – please specify, use separate page if needed</i>
FELONY CRIME		
MISDEMEANOR CRIME		
RAPE		
CHILD SEXUAL ASSAULT		
VIOLENT CRIME CONVICTION		
HAVE YOU EVER BEEN EVICTED?		

Certification and Authorization

The signer(s) certifies that he/she is authorized to execute the application for the business named above, and that the information in this application and any other documents submitted in connection with the application are true, correct and complete. Pursuant to the Fair Housing Law, HPMG shall not refuse to rent to any person because of race, creed, color, religion, national origin, handicap, or familial status, nor discriminate in the terms offered or services rendered. I (we), the applicant, do represent all information to be true and accurate and that owner/agent may rely on this information when investigating and accepting this application.

I hereby authorize the owner/agent to make independent investigations to determine my credit, financial, and character standing. I authorize any person or credit checking agency having any information on me to release any and all such information to the owner, their agent, or credit checking agencies. I hereby release, remise, and forever discharge from any action whatsoever, in law and equity, all owners, managers, employees and/or agents, both of the Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I declare that a photocopy of my signature shall be as valid as the original.

Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____
Signed By: _____	Title: _____	Date: _____