

Commercial Lease Application

Port of Siuslaw

100 Harbor St, 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: _____ |