

COMMERCIAL LEASE APPLICATION

I. THE LANDLORD.

Landlord/Lessor: _____ Date: _____

Property Address: _____

Square Feet (SF): _____ Property Name (if any): _____

II. THE BUSINESS.

Business Name: _____

Principal Office Address: _____

Phone Number: _____ E-Mail Address: _____

Type of Entity: ☐ - LLC ☐ - Corporation ☐ - Partnership ☐ - Other _____

State of Incorporation: _____

Federal TAX ID Number (FEIN): _____

Business Type: _____ (e.g. "pharmacy", "convenience store", etc.)

III. THE TENANT.

Owner/Principal: _____

Ownership Percentage: _____ %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other _____

Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____

2nd Owner/Principal: _____

