## **Commercial Rental Application**

Owner's Last Name:	First: _		Middle:	
FED ID #:	State of Incorporation:	Year bu	usiness started?	-
Business Name:	ss Name:Current Address:			
How long there? R	Reason for leaving:			_
Name of Owner or Agent: Phone:				_
Describe the business applying	ng for lease:			-
			equested for move in	-
Number of parking spaces needed (estimated):Hours of operation:				
Typical days of business open	ration: circle each day: M TU	W TH F SA S	SU	
If this is a new business with	no rental history, please provide a	a reference for ren	ting residential property.	
Residential Address:				
How long there? R	Reason for leaving:			_
Name of Owner or Agent: Phone:				_
If this is a new business, plea	se provide information from a pre	vious employer.		
Employer:			How long?	_
Position:	Salary:		Phone:	_
Address:			Supervisor:	_
Business Checking Account #	<b>#</b> :	_ Bank & Branch	ı:	_
	and address of two nearest relative		you:	_
Address:			Phone:	_
Name:		Relationship:		<del>-</del>
Address:			Phone:	_
understand that if my applic application is not approved, following the building rules.	ation is accepted, a security dep I will be notified. I certify that I	osit and the appl I am a responsible SA. I do not use	ion and obtain a credit report/bac icable rent will be required prior to a adult capable of paying monthly be illegal drugs or participate in an	to move in. If my rent, expenses and
Date: S	ignature:		Phone:	