

Date:

1. THE BUSINESS.

Business Name:

Principal Office Address:

Phone:

E-Mail Address:

Type of Entity: Corporation Partnership Other

Province of Incorporation:

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

Anticipated Business Hours:

Anticipated Number of Employees:

Are you dog friendly:

2. TENANT INFORMATION.

Owner / Principal:

Ownership Percentage: %

Title: President CEO Vice President Other

Driver's License Number: Province:

Issued Date: Expiration Date:

2nd Owner / Principal:

Ownership Percentage: %

Title: President CEO Vice President Other

Driver's License Number: Province:

Issued Date: Expiration Date:

3. LEASE GUARANTEE.

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1:

Person 2:

4. RENTAL HISTORY.

Present Address:

Cost: \$ / Month Rent Own Other

If Renting, Name of Landlord:

Phone:

Previous Address:

Cost: \$ / Month Rent Own Other

If Rented, Name of Landlord:

Phone:

Previous Address:

Cost: \$ / Month Rent Own Other

If Rented, Name of Landlord:

Phone:

5. CREDIT REFERENCE. (Former Landlord, Bank, Vendor, etc. – NO friends/family)

1st Reference:

Address:

Phone:

E-Mail Address:

2nd Reference:

Address:

Phone:

E-Mail Address:

3rd Reference:

Address:

Phone:

E-Mail Address:

6. CURRENT MONTHLY REVENUE.

Gross Revenue: \$

Total Expenses: \$

7. CURRENT ASSETS.

Cash on Hand & in Banks: \$

Savings Accounts: \$

Retirement Accounts: \$

Accounts Receivable: \$

Insurance Cash Surrender: \$

Stocks & Bonds: \$

Real Estate: \$

Vehicles: \$

Other Personal Property: \$

Other: \$

Other: \$

Other: \$

TOTAL ASSETS: \$

8. CURRENT LIABILITIES.

Accounts Payable: \$

Notes Payable to Banks: \$

Auto Payments: \$

Other Installment Accounts: \$

Loans on Life Insurance: \$

Mortgages on Real Estate: \$

Unpaid Taxes: \$

Other: \$
Other: \$
Other: \$

TOTAL LIABILITIES: \$

9. BANKING REFERENCES.

1st Account Bank Name: Phone:
Bank Address:
Account Number: Type: Checking Savings

2nd Account Bank Name: Phone:
Bank Address:
Account Number: Type: Checking Savings

10. CONSENT.

I/We, _____, the undersigned applicant(s)
authorize the review of my/our credit and criminal history and the investigation of the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide any and all information concerning my/our credit.

Applicant Signature: Date:
Applicant Signature: Date: