

COMMERCIAL LEASE APPLICATION

Please complete all of the information requested and include a non-refundable application fee. Select one of the following options:
\$40.00 non-refundable application fee per personal guarantor.

GENERAL INFORMATION

Date of Application: _____ Desired Move-In Date: _____
Desired Lease Term: _____ Type & Size of Space Desired: _____
Desired Location (please check one): _____ Market Square _____ McIntire Business Park
_____ Belmont Studios _____ 1982 Arlington Blvd _____ 2363 Commonwealth Drive
How many parking spaces desired _____
How did you learn about our property? _____

OCCUPANT INFORMATION

Business Name (presently): _____
Address (main office): _____
_____ Sole Proprietor _____ Partnership _____ Corporation
DBA: _____ Corporation No. (if applicable): _____
Year Established: _____ # of Employees: _____ Gross Annual Revenue: _____
Contact Person/Applicant: _____ Title: _____
Business Phone #: _____ FAX #: _____
Business Email Address: _____ Tax ID #: _____
Principle Type of Business or Principle Merchandise of Shop: _____

List types, styles and finishes of shelving, counter, fixtures, etc. that you propose to add: _____

What other improvements, if any, would you be doing to the space? _____

*Please attach floor plans for approval (show layout of cabinetry, shelves, and other improvements).
Name of Proposed Business (if different from current): _____



COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address: _____

Own? _____ If no, current Landlord: _____ Phone: _____

Monthly Rent: _____ Lease Period: _____ Reason for Leaving: _____

Previous Address: _____

Own? _____ If no, current Landlord: _____ Phone: _____

Monthly Rent: _____ Lease Period: _____ Reason for Leaving: _____

GUARANTOR'S INFORMATION (if applicable)

Personal information of Proprietor, Partner(s), Major Shareholder(s) or individual(s) otherwise authorized to be a guarantor of the business' obligation.

1. Principal Name: _____, Title: _____

Home Address: _____

Years at present address: _____ Email Address: _____

Home Phone: _____ Mobile Phone: _____

SSN: _____ DOB: _____

2. Principal Name: _____, Title: _____

Home Address: _____

Years at present address: _____ Email Address: _____

Home Phone: _____ Mobile Phone: _____

SSN: _____ DOB: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: Daytime _____ Evening _____ Mobile _____

Address: _____

Disclosure

Inquiries are made to verify employment status and social security number and to obtain information regarding applicant's credit history, rental history, and criminal record which includes screening through a sex offender search and against the Office of Foreign Assets Control (OFAC) as a result of the USA Patriot Act. Applicant authorizes verification of all references given herein, and release of information to/from Landlord or any Credit Bureau or reporting agency on the business and/or its principals. Applicant authorizes Woodard Properties to disclose information to future Landlord or other 3rd parties if requested in the ordinary course of business for legitimate purposes as so determined by Woodard Properties. This authorization shall continue throughout the application process, the rental term, and after any termination or default of the rental agreement. Applicant hereby declares that he/she is of legal age and that the statements above are true and understand that any lease agreement made on the basis of the information may be terminated at any time at the Landlord's option if this information is found to be false.

Signature _____ Date _____

Signature _____ Date _____

