

TENANT INFORMATION FORM

GENERAL INFORMATION

NAME OF BUSINESS (TRADE NAME): _____

NAME OF INDIVIDUAL (S) WHO WILL SIGN LEASE: _____

IF YOUR BUSINESS IS INCORPORATED:

NAME OF CORPORATION: _____

STATE OF CORPORATION: _____ FEDERAL TAX ID NUMBER: _____

NAME (S) OF INDIVIDUALS GUARANTEEING LEASE OBLIGATIONS: _____

LEGAL NOTICE ADDRESS (NO P.O. BOXES)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ADDRESS FOR DELIVERY OF DOCUMENTS (IF DIFFERENT FROM ABOVE)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT INFORMATION

HOME PHONE: _____ WORK PHONE: _____

FAX PHONE: _____ OTHER: _____

EMAIL ADDRESS: _____

PROPOSED USE OF PREMISES (WHAT YOU WILL SELL, WHAT SERVICES YOU WILL PROVIDE): _____

EXISTING OPERATION (ATTACH PHOTOS OF OTHER STORES)

NUMBER OF STORES: _____

LOCATION (S): _____

AVERAGE SIZE (SQUARE FEET): _____

AVERAGE ANNUAL SALES PER STORE: _____

PREVIOUS EXPERIENCE: _____

PROPOSED OPERATION (ATTACH BUSINESS PLAN)

HOW MUCH IS IT GOING TO COST YOU TO OPEN UP YOUR BUSINESS: _____

PROJECTED COST TO IMPROVE THE PREMISES: _____

PROJECTED COST OF FIXTURES/INVENTORY: _____

APPROXIMATELY HOW MUCH SQUARE FOOTAGE WILL YOU NEED: _____

HOW MUCH TIME DO YOU NEED TO BUILD AND/OR OPEN YOUR STORE: _____

GENERAL COMMENTS

PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR BUSINESS AND EXPERIENCE YOU

THINK IS PERTINENT: _____
