



BUSINESS LEASE APPLICATION

Please answer the following questions to the best of your ability. Leave blank any sections for which the question does not apply to your company. Use additional sheets if necessary.

1. General Information

Name of Business _____

Principal Officer(s) and Title(s)

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Other phone numbers/email addresses

Date Business Established _____

Business Form (Corporation, LLC, etc.) _____

2. Company's Key Management

Submit Resumes for each principal.

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

3. Education and Skills of Key Management

Please list below all your academic degrees (starting with the latest one), training programs and skills.

Degree/Program	Major/Skill	University/Location	Date Taken	Status
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
				<input type="checkbox"/> Completed <input type="checkbox"/> In Progress

4. Please briefly describe your business below. (Please include type of business and hours of operation.)

5. How long have you been in business?

6. Outline your company’s strategy for success. How profitable is your business?

7. What is the potential lease timeline?

8. Identify sources of working capital.

9. Have you leased or purchased a commercial space in the past? If yes, how long ago and where?

10. Does your business have any special conditions or circumstances that would require specific leased space features? If yes, please describe.

11. What are your plans to continue to grow your business?

12. Estimate your part/full time employees.

Currently	Part	Full.....
At time of occupancy	Part	Full.....
One year from occupancy	Part	Full.....

13. List the individuals who serve on your company's Board of Directors, or as advisors, including their experience in your industry.

Name _____ Position _____
Experience _____
Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Name _____ Position _____

Experience _____

Please return to:
Port Sunnyside
2405 Reith Way, Suite 2
Sunnyside, WA 98944

Ph 509.839.7678
Fax 509.837.7462

Print Name _____

Signature _____

Title _____

Date _____