

# COMMERCIAL LEASE APPLICATION

Landlord/Agent: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Location of Leased Premises: \_\_\_\_\_

Business Name: \_\_\_\_\_

Name of Persons who will sign lease:

Person 1: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person 2: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Is your business a corporation, LLC or other entity? Yes No

- If yes, what form of business entity? \_\_\_\_\_

- Federal Tax ID Number: \_\_\_\_\_

- State in which entity formed? \_\_\_\_\_

- Names of Person(s) who will Guarantee Lease

- Person 1: \_\_\_\_\_

- Person 2: \_\_\_\_\_

- Registered Agent Name: \_\_\_\_\_

- Address for registered agent: \_\_\_\_\_

City State Zip \_\_\_\_\_

Proposed use of premises? \_\_\_\_\_

Other Business Locations: \_\_\_\_\_

Credit References: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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*properties, inc.*

### **Conditions and Information**

All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2.

The completing of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application.

This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved.

If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins.

A non-refundable application fee of \$20 is required before processing.

### For Landlord's Use Only

Rent Amount: _____
Deposit: _____
Date Lease to begin: _____
End of Lease: _____

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the potential Lessor's decision with respect to granting or denying your application to enter into a lease.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Credit References Continued:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



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Bank Information

Name	Type Of Account	Account #	City
_____	_____	_____	_____
_____	_____	_____	_____

Credit Cards

Type	Card #	Type	Card #
_____	_____	_____	_____

Creditors (Not Already listed)

Name	Monthly Payment	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DISCLOSURE OF MANAGER:

The Manager of the Premises is \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments:

**CONSENT TO CREDIT CHECK**

I/We, \_\_\_\_\_, the undersigned applicant(s) authorize landlord, \_\_\_\_\_, or his/her/their agent to order and review my/our credit and criminal history and investigate 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 to Landlord any and all information concerning my/our credit.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_