

HAMBURG PAVILLION

PROSPECTIVE TENANT GENERAL INFORMATION

Applicant's Name	
Business Name	
Address	
Email	
Proposed Use	
Attorney	
Address	
Phone Number	

Existing Locations

Number of stores	
Where located?	
Average store size	
Photos or Drawings	If available, please attach photos of your prototype retail space plan requirements.
Price point of products/services	
Website	
Franchised? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Opening Dates & Term

How soon do you need possession of the premises?	
How much time will you require to make your improvements?	
How long of a lease term are you requesting?	

HAMBURG PAVILLION

Tenant Improvements

What improvements do you intend to make to the premises prior to opening?	
Approximately how much will it cost for you to make your improvements?	
Will you be using an architect/designer for your space planning & drawings?	
Architect	
General Contractor	

Start- Up Costs

Describe your anticipated start-up operating expenses at the new location and list amounts (include inventory, supplies, initial payroll costs, insurance, etc.)	
Expense	Cost

Financing

Will you require financing to open your business?	
If yes, have you already secured financing?	
What type of loan and who is the lender? (please provide verification)	
Will you be contributing to the funding? If so, what is the amount?	

HAMBURG PAVILLION

Legal

If your business is a corporation, partnership, or joint venture, please describe its legal and financial structure.	
--	--

Other

Please indicate in summary form anything your company would like us to know in reviewing your application.	
--	--

HAMBURG PAVILLION

BUSINESS PLAN

Please complete the below and attach a Business Plan for your operation at this location:

General description of how the premises will be used by you and/or your staff	
Resumes of principals	Please provide a separate bio or resume of the principals who will be operating the company.
Sales Projection: What is your anticipated gross sales volume for the first and second years you are open for business?	First: Second:
Landlord References: If you have rented or leased commercial space, please list the name and contact info of your most recent landlord.	Name: Contact info:

Daily Operations

<p><u>Hours of Operation:</u> Do you operate normal business hours during weekdays? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," please explain.</p>	
<p><u>Special Events:</u> Does the nature of your business require occasional after hours gatherings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, about how many guests or associates might attend?</p>	
<p><u>Employees:</u> How many full time employees will work from the proposed premises? Who will manage?</p>	
<p><u>Electrical Use:</u> Does your business have any equipment, motors, or other devices that would require above normal electrical equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," please explain.</p>	
<p><u>Security & Storage:</u> Does your business have any unique requirements that deal in early morning pickups, storage on premises or security issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

HAMBURG PAVILLION

LEASE APPLICATION

Premises Information

Center Name	
Center Address	
Suite Number	
Square Footage	

Personal Information

Name of proposed tenant			
Address	Street	Suite	
	City	State	Zip
Telephone			
Email Address:			
Is the tenant a corporation, partnership, or limited liability company?			
State of Incorporation			
Name of company			
Federal Tax I.D. Number			
Type of business			
Date tenant began doing business			

Owner Information

Please provide the following information for all people who will have an ownership interest in the business.

Full Name	Home Address	Home Phone/Cell	Date of Birth	Drivers License Number	Social Security Number	Percentage of Ownership if Tenant is a Company

HAMBURG PAVILLION

Current and Former Business Address

If you have or previously had a place of business, please provide the following information:

Current Business Address	Street	Suite
	City	State
		Zip
If you rented, give the name of Lessor		
Web Address		
Lessor's phone		
Amount of monthly rent		
Length of occupancy		
Reason for moving		
If first time operator, please list your current occupation, salary and number of years with company. Will you continue working here after opening your business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Occupation: Salary: Number of years with company:	

Financial Information

Approximate last year sales volume per store:

\$ _____ \$ _____ \$ _____

Financial Information Required:

- _____ Financial Statement (Balance Sheet, Income Statement, Cash Flow Statement)
- _____ Past Two Years of Tax Returns
- _____ Complete Attached Financial Statement (Personal)

HAMBURG PAVILLION

PERSONAL FINANCIAL STATEMENT

Individual Information	Other Party Information
Name	Name
Residence Address	Residence Address
City, State & Zip	City, State & Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City, State & Zip	City, State & Zip
Residence Phone	Residence Phone

For the purpose of securing credit from time to time, I furnish the following as a true and correct statement of my financial condition on data named above and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

Assets	In Dollars	Liabilities	In Dollars
Cash on hand and in banks (Schedule A)	\$	Notes Payable Banks (Schedule A) Secured and Unsecured	\$
Stocks and Bonds (Schedule B) US Government and Marketable Securities	\$	Notes Payable to Others (Schedule E) Secured and Unsecured	\$
Stocks and Bonds (Schedule B) Unlisted Securities	\$	Accounts Payable	\$
Accounts and Notes Receivable	\$	Federal & State Income Taxes Payable	\$
Real Estate Owned (Schedule C)	\$	Other Accrued Taxes and Interest	\$
Mortgages Owned (Schedule D)	\$	Mortgages Payable (Schedule C)	\$
Cash Surrender Value Life Ins (Schedule F)	\$	Installment Contracts Payable	\$
Automobiles and Other Personal Property	\$	Loans against Life Insurance (Schedule F)	\$
Other Assets (itemize):	\$	Other Liabilities (itemize):	\$
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL	\$	TOTAL	\$
Amount of Assets Pledged	\$	Amount of Liabilities Secured	\$

Annual Income: Salary \$ _____ Fees or Commission \$ _____ Other \$ _____

Will this continue? _____

Business or Occupation: _____ Name of Employer: _____

HAMBURG PAVILLION

Employer Address: _____ Employer Phone #: _____

May we contact your present employer? _____

Are you a partner or officer in any other business or venture? _____

Age _____ Marital Status: _____ No. of Dependants _____ Spouse _____

(Single/married/widow(er)/divorced)

Are there any unsatisfied judgments or legal actions pending against you? _____

Have you ever gone through bankruptcy? _____

As of the date of this financial statement, I have not pledged, assigned, hypothecated or transferred the title of any of my assets, except as noted on this form or on a supporting schedule, nor has any such action been taken since that date, except as follows (give details): _____

CONTINGENT LIABILITIES: As endorser or co-maker: _____

On receivable discounted or sold: _____ As guarantor: _____

On leases, mortgages or contracts: _____ Unsettled claims: _____

Other (itemize): _____

Please complete ALL Schedules and fill in ALL blanks; Insert "None" if appropriate

Schedule A - Cash Balances and Bank Loans

Name of Bank	Statement Date		Method of Borrowing
	Cash Balance	Amount Owing	(Unsecured, Guaranty, or Collateral)
Cash on Hand			
Total as per Statement			

HAMBURG PAVILLION

Schedule B – Stocks and Bonds (US Government and Marketable Securities and Unlisted Securities)

Shares or Bonds	Name of Security	In Name of	Present Market Value	If Pledged State to Whom

Schedule C – Real Estate Owned

% Ownership	Location Type of Property and Date Acquired	Title in Name of	Cost	Recent Appraised Value	Mortgage/Amount Due

Are there any other liens against any of the above property? Yes No
 Are there any mortgage payments, interest or taxes in arrears? Yes No

Schedule D – Real Estate Mortgages Owned

Type of Lien (1 st , 2 nd , etc.) Location and Type of Property	Mortgagee or Record	Original Amount	Present Amount	Maturity

Are there any principal payments, interest or taxes in arrears? Yes No
 Are there any unrecorded assignments? Yes No

Schedule E – Notes Payable to Banks and Others (Secured and Non-Secured)

Amount	Creditor	Due	Terms	Collateral

HAMBURG PAVILLION

Schedule F - Life Insurance

Face Amount	Name of Company	Beneficiary	Type of Policy	Cash Value	Loans Against Policy

Are any of the above policies assigned except for loans as shown? Yes No

The foregoing statement is true and correct and may continue to be considered at least as favorable as shown until otherwise notified in writing by the undersigned.

Applicants Signature

Dated: the ___ day of _____, 20_____

HAMBURG PAVILLION

References

Credit References:

Name		Address		City
State	Zip	Telephone	Account #	
Name		Address		City
State	Zip	Telephone	Account #	
Name		Address		City
State	Zip	Telephone	Account #	

Bank References:

Bank Name		Address		City
State	Zip	Telephone	Account #	
Bank Name		Address		City
State	Zip	Telephone	Account #	
Bank Name		Address		City
State	Zip	Telephone	Account #	

Business Declarations

1. Have you or your business, its officers, partners, or owners ever been delinquent in payment of any financial obligation?

Yes No

If yes, please provide details:

2. Have you ever declared bankruptcy when you were a major owner?

Yes No

If yes, please provide details:

HAMBURG PAVILLION

The above information is freely given in connection with an offer to lease at the subject address. I/We hereby authorize the Landlord to verify all information on this application by contacting the sources listed or any other sources available and to obtain a credit report through a national credit rating agency. The information contained herein is true and correct to the best of my/our knowledge. I/We understand that Landlord has not, by acceptance of this Application, agreed to lease to Applicant the Premises. This information shall remain the property of the Landlord whether or not the offer to lease is accepted and all information shall be kept as confidential as possible.

Please note - all persons listed either as tenant or as owners of the business must sign.

ALL PERSONS MUST PROVIDE LANDLORD WITH LEGIBLE COPY OF DRIVERS LICENSE OR IDENTIFICATION AND CREDIT RELEASE. LANDLORD CANNOT PROCESS APPLICATION WITHOUT IT.

Signature	Date
Print Name	
Social Security Number	DOB

Signature	Date
Print Name	
Social Security Number	DOB

Signature	Date
Print Name	
Social Security Number	DOB

