



Lease Application

Please complete the following information thoroughly where applicable

Applicant Information

Applicant Name: (first) _____ (middle) _____ (last) _____

Home Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Co-Applicant Information

Applicant Name: (first) _____ (middle) _____ (last) _____

Home Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Business Information

Business Name: _____

Business Street Address: _____

City, State, Zip: _____

Telephone Number: (____) _____

Fax Number: (____) _____

Business License Number: _____

Business Entity:

- Corporation: State Incorporated: _____ TAX ID Number _____
- Partnership: Partner must fill out co-applicant information.
- Sole Proprietor
- Individual (Non-business entity)

Business Type:

- Antique Dealer
- Specialty Retailer
- Manufacturer
- Artisan/Craftsperson
- Interior Designer
- Other _____