COMMERCIAL LEASE APPLICATION

LANDLORD INFORMATION

Landlord			
Landlord's Name: Elite Excentre, LLC			
Landlord's Address: 7301 Fegenbush Ln, STE 201			
Landlord's Phone: (502) 384-2225			
Property Information			
All monetary values are expressed in US Dollars.			
Rental Property Address: 7301 Fegenbush Ln.			
Application to rent suite/bay #: STE 202 Unit B.			
Tenant's leased area: 216.00 square feet.			
Anticipated Possession Date: August 3, 2022.			
The term of the tenancy will be: monthly with automatic renewal until terminated in writing			
with a 30-day advance notice.			
The base rent will be: \$700.00.			
Tenant is not responsible for any operating costs.			
The initial security deposit will be: \$700.00.			
The application fee will be: \$50.00.			
The advance rent required will be equivalent to the first month's rent.			
TENANT INFORMATION			
Business Information			
Business Name:			
Present Address:			
Home Phone: (Fax: ()			
Intended Use of Premises:			

Emergency Contact: _____ Phone: (_____)

Check One: ____ Sole Proprietor ____ Partnership ____ Corporation

Type of Business:	Retail	Wholesale	Manufacture
	Other		
Business Name:			
Present Address:			
Date Established:		Number of Employees:	
Parent Company Name:			
Parent Company Address:			
How long at present address	s:	Monthly Pay	yment:
Present Landlord Name:			
Present Landlord Address:			
Present Landlord Phone: (_			
How long at previous address	ss:	Monthly Pa	ayment:
Previous Landlord Name:			
Previous Landlord Address:			
Previous Landlord Phone: ()		
Business Owner / Partner	/ Stockholder l	Information	
First Owner's Name:			
Home Address:			
Home Phone: ()		Alternative Phone: ()

Email Address (Optional):	Date of Birth:		
Social Security Number:			
Driver's License Number:			
Second Owner's Name:			
Home Address:			
Home Phone: ()	Alternative Phone: ()		
Email Address (Optional):	Date of Birth:		
Social Security Number:			
Driver's License Number:			
Third Owner's Name:			
Home Address:			
Home Phone: ()	Alternative Phone: ()		
Email Address (Optional):	Date of Birth:		
Social Security Number:			
Driver's License Number:			
Banking Information Banking Institution:			
Address:	Phone: ()		
(If you bank with more than one instit	tution, please list second bank below)		
Banking Institution:			

Address:	Phone: ()
Credit References	
List industry references from which y	you make purchases through credit accounts.
Company Name:	
Contact Name:	
	Phone: ()
Company Name:	
Contact Name:	
	Phone: ()
Company Name:	
Contact Name:	
	Phone: ()
Credit Check Authorization	
I certify that the information provided	d is true, accurate and complete. I authorize the individual
or organization to whom this applicat	tion is submitted to investigate all bank, credit and trade
references named in this application,	and to obtain information about the credit status of the
applicant in order to assess the applic	ant's suitability as a tenant/lessee.
Authorized Signature	Date
Authorized Signature	Date