

# INNOVATION CENTER

## TENANT APPLICATION FORM

7 SOUTH MAIN STREET, WILKES BARRE, PA

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

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

Entity EIN #: \_\_\_\_\_

Mailing Address for Notices: \_\_\_\_\_

City: \_\_\_\_\_. State: \_\_\_\_\_. Zip Code: \_\_\_\_\_.

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

Email: \_\_\_\_\_

Lease term: \_\_\_\_\_

lease starting date: \_\_\_\_\_ ending on: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Suite/Office #: \_\_\_\_\_ Use of premises: \_\_\_\_\_

Email application to:

[innovationcenterllc@gmail.com](mailto:innovationcenterllc@gmail.com)

- Please include entity formation documents and a photo ID copy of authorized signer, when submitting this application.
- All suites require a security deposit of 2 months basic rent + first month's rent payment due at signing.