



COMMERCIAL SPACE APPLICATION FORM

COMMERCIAL SPACE INFORMATION

Date: _____

Applicant's Name: _____

Address of Space: _____

REQUIRED DOCUMENTATION

Dear Applicant: Below please find a list of documents that you need to submit **in addition to** the Commercial Space Application Form and the Business Entity Questionnaire (BEQ). It is very important that all items in the Commercial Space Application Form and Business Entity Questionnaire be completed **thoroughly** before submitting for review. If additional space is needed, please use the back side(s) of this form.

- ☐ **COPIES OF YOUR LAST THREE (3) FEDERAL INCOME TAX RETURNS**
(Business owners should include copies of both business and personal Federal Income Tax Returns.)
- ☐ **DOCUMENTATION FOR ALL CASH/ASSETS**
(Copies of your checking and/or savings account(s) statement(s).)
- ☐ **COPIES OF ANY LICENSES NEEDED TO OPERATE THE PROPOSED BUSINESS**
(For example, professional license for a beauty salon, etc.)
- ☐ **A BUSINESS CERTIFICATE OR CERTIFICATE OF INCORPORATION**
- ☐ **A COMPLETED 12 MONTH CASH FLOW ANALYSIS** (See pages 4 & 5)
- ☐ **ONE FORM OF GOVERNMENT ISSUED PHOTO IDENTIFICATION**
(Driver license, passport, alien registration card, etc.)
- ☐ **THREE BUSINESS REFERENCES ON COMPANY LETTERHEAD**
- ☐ **ONE PERSONAL REFERENCE**

INSURANCE INFORMATION

If selected as the tenant applicant will be required to:

- Maintain General Liability, Bodily Injury, Fire and Property Damage Insurance coverages in an amount acceptable to the Portage Metropolitan Housing Authority. This requirement will be a term of any lease signed between the Applicant and PMHA.

NOTE: All insurance policies must be:

- Written with a company authorized and licensed to do business in the State of Ohio, with an "A.M. Best" rating of at least "B+"
- Paid for one year from the projected lease start date
- Written with PMHA as an "additional named insured" in the policies
- Written on an occurrence basis, giving PMHA thirty days written notice prior to reduction or cancellation

BACKGROUND CHECK

During the application process you will be subject to a background check including a credit check and a review of your credit. By submitting this application, you consent to and authorize the same.

Please send the completed Commercial Space Application Form, Business Entity Questionnaire and all required documentation to: mtirpak@portagehousing.org

LEASE TYPE: ____ NEW LEASE ____ LEASE RENEWAL ____ TRANSFER/ASSIGNMENT OF LEASE

PERSONAL INFORMATION

1. Name of Applicant/Principal(s): _____
2. Home Address: _____
City: _____ State: _____ Zip Code: _____
3. Mailing Address (If different from above): _____
City: _____ State: _____ Zip Code: _____
4. DOB: _____ 5. SSN#: _____ 6. TAX ID#: _____
7. Home Phone: _____ 8. Business Phone: _____
9. E-mail Address: _____

BUSINESS INFORMATION

10. Company Name (Enter full legal name): _____
11. Do you now or have you ever leased space with the Housing Authority?
____ No ____ Yes (If yes, specify date and development name)

12. Type of Company:
☐ Business Corporation
☐ Partnership
☐ Sole Proprietorship
☐ Other (Specify) _____
13. Names and titles of **ALL** partners/stockholders.

| | | |
|------------------|--------------|--------------------|
| Full Name: _____ | Title: _____ | % Ownership: _____ |
| Full Name: _____ | Title: _____ | % Ownership: _____ |
| Full Name: _____ | Title: _____ | % Ownership: _____ |
14. Proposed business: Include a full description of principal products/commodities sold or services offered.

15. What is your experience in the field? _____

16. Is your company licensed/authorized to do business in Ohio/Ravenna? ____ No ____ Yes

17. Is your company licensed/authorized to do business in other states? __ No __ Yes (Specify) _____

18. If licensing permits or certificates are required to operate the business, please identify:

| <u>Type of License/Permit</u> | <u>Issued by</u> | <u>Issued Date</u> | <u>Expiration Date</u> |
|-------------------------------|------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

19. Have you ever had a business license revoked? __ No __ Yes (If yes, explain briefly)

FINANCIAL INFORMATION

20. Gross Receipts/Sales (Complete accordingly for **last three (3)** years):

Current Year 20 __ \$ _____

Last Year 20 __ \$ _____

Previous Year 20 __ \$ _____

21. Identify all bank(s) where applicant's/firm's accounts are maintained.

| <u>Name of Bank</u> | <u>Bank Address</u> | <u>Account No.</u> | <u>Type of Account</u> |
|---------------------|---------------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

22. Do you have a line of credit? __ No __ Yes (If yes, identify below)

| <u>Source</u> | <u>Limit</u> | <u>Name of Creditor</u> |
|---------------|--------------|-------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

23. List current creditor(s) or lender(s) or loan(s) and any debts applicant is currently obligated on, including but, not limited to, commercial loans, lines of credit, personal loans, promissory notes, etc.

| <u>Name of Creditor/Lender</u> | <u>Type of Credit/Loan</u> | <u>Dollar Value</u> |
|--------------------------------|----------------------------|---------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

APPLICANT'S DECLARATION/SIGNATURE

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY OR WILLFULLY MADE A FALSE STATEMENT, GIVEN FALSE INFORMATION OR OMITTED INFORMATION IN CONNECTION WITH THIS APPLICATION. I AUTHORIZE PMHA TO OBTAIN AND VERIFY ANY AND ALL INFORMATION OF OR RELATED TO APPLICANT, WHETHER FINANCIAL, COMMERCIAL, LEGAL OR OTHERWISE, AND, BY SUBMITTING THIS APPLICATION, HEREBY WAIVE ANY PRIVACY ISSUES ASSOCIATED THEREWITH. WE ADVISE YOU: A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR PMHA TO DETERMINE THAT THE APPLICANT IS NOT RESPONSIBLE, TO REVOKE A PRIOR CONTRACT AWARD, AND TO PRECLUDE THE APPLICANT FROM DOING BUSINESS WITH, OR PERFORMING WORK FOR PMHA AS A LESSEE. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE APPLICANT MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

Applicant's Signature (Print & Sign)

Date