

**PORT OF BROOKINGS HARBOR
APPLICATION FOR COMMERCIAL RETAIL SPACE**

BUSINESS INFORMATION

Legal Name of Business: _____

D/B/A: (if different from Legal Name) _____

Type of Organization:

Proprietorship C-Corp. S-Corp. General Partnership Limited Partnership Non-Profit L.L.C. L.L.P.

Address (Main Office): _____

Number Street City State Zip

Federal Tax ID#/Employer ID #: _____ Number of Employees: _____ Yrs in Business: _____

Description of Business: _____

Briefly describe the product sold or service rendered by your business (e.g. restaurant, flower shop, etc.)

Gross Annual Revenue: _____

Contact Person: _____ Title: _____

Emergency Contact Person: _____ Phone # (_____) _____

Business Phone # (_____) _____ Business Fax # (_____) _____

Email: _____ Website: _____

COMMERCIAL RENTAL HISTORY

Present Address: _____

Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To: _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address: _____

Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BUSINESS FINANCIAL INFORMATION

Primary Bank: _____

Contact Person: _____ Title: _____

Bank Phone # (_____) _____ Bank Fax # (_____) _____

Type of Account: Checking Savings Checking Balance \$ _____ Savings Balance \$ _____

CREDIT REFERENCES

Please list all business debt and corresponding payment information:

Creditor _____ Type of Business _____ Contact Person _____ Phone # _____
(_____) _____

Address: _____
Number Street City State Zip

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____

Creditor _____ Type of Business _____ Contact Person _____ Phone # _____
(_____) _____

Address: _____
Number Street City State Zip

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____

Creditor _____ Type of Business _____ Contact Person _____ Phone # _____
(_____) _____

Address: _____
Number Street City State Zip

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____

PRINCIPAL / OWNER / GUARANTOR INFORMATION

Name: _____ SS # _____ DOB: _____

Drivers License # _____ Title: _____ % of Ownership: _____

Employer: _____ Gross Income: \$ _____

Employer Phone # (_____) _____ Position: _____ Length of Employment: _____

Home Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____

Name: _____ SS # _____ DOB: _____

Drivers License # _____ Title: _____ % of Ownership: _____

Employer: _____ Gross Income: \$ _____

Employer Phone # (_____) _____ Position: _____ Length of Employment: _____

Home Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____

CERTIFICATION AND AUTHORIZATION

Port of Brookings Harbor or any firm acting on its behalf is hereby granted permission to perform a credit check on our company or and/or the individuals identified in this application. Further we understand that Port of Brookings Harbor may contact any of the references provided as part of this application.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Submit to: Port of Brookings Harbor
PO Box 848
Brookings, OR 97415

OFFICE USE ONLY:

Space Applying for: _____ Square Footage: _____
