



COMMERCIAL TENANT SPACE APPLICATION

Date: _____

Name of Business: _____

Address of Business: _____

Telephone Number of Business: _____ Email: _____

Number of Years in Business: _____ Is Business Incorporated: Yes No

If "Yes" What is Corporate Name: _____

Explain the Nature of the Business: _____

Federal Tax Identification Number: _____ Number of Employees at location: _____

Name of Proprietor or President of Corporation: _____

Home Address of Proprietor: Street: _____

City, State, Zip: _____

Telephone Number: _____

Emergency Number, if Other than Above: _____

Who do you want Contacted in the Event of an Emergency Affecting your Business:

Name: _____

Telephone Number: _____

Please list on the back of this form any other information which you think would be useful for the landlord to know.

FEE: \$50.00

Zoning District: (Office Use Only)

- Country Home District Business District Industrial District Light Manufacturing District
 Office Building, Research Laboratory, & Light Manufacturing District Special Use District
 Low Density Cluster Condominiums