



(504) 885 -0202

Fax (504) 885-4100

Specialty Lease Application

Please print clearly

Owner's Information

Name: _____

Maiden Name: (if applicable) _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

Social Security Number OR Tax ID # _____

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone: _____

Business Information

Business Name: _____

Business Type: _____

Business Address: _____

Federal Tax ID: _____

State Tax ID: _____

Insurance

Agent/Carrier _____

Policy Number: _____

Describe in detail all items/services to be sold:

Are you currently operating at another location? Yes____ No____

If so, please describe. _____

Please tell us about your business experience: _____

Leasing Information

Occupancy start date: _____

Length of occupancy: _____

Do you need electricity? Yes____ No____

If you need electricity, what will you be connecting? _____

Do you need phone service? Yes____ No____

Do you have a location that you prefer? _____

For Office Use Only

Suite Number/Location: _____

Deposit Amount: _____

Rental Amount: _____

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