

# Players Travel Professional Center

## Commercial Lease Application

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Suite Number You Are Interested In \_\_\_\_\_

Leasing Entity (Name of Individual, Partnership, or Corporation)

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- Individual, Sole Proprietor, or Other:** Signed letter describing status and responsibility  
 **Partnership:** Copy of Partnership agreement -  **Corporation:** Copy of Articles of Incorporation

State of Incorporation/Partnership \_\_\_\_\_ Date Established \_\_\_\_/\_\_\_\_/\_\_\_\_

Federal Tax ID # \_\_\_\_\_ DBA \_\_\_\_\_

Current Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Current Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Intended Use \_\_\_\_\_

Previous Local Business Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_ How many years at this location \_\_\_\_\_

Lessor to Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Approximately how much square footage will your business require at this location \_\_\_\_\_

How many employees will you have working out of this office \_\_\_\_\_

How many parking spaces are you requesting for your staff \_\_\_\_\_ For your Customers \_\_\_\_\_

What will be your office hours \_\_\_\_\_ to \_\_\_\_\_ Days \_\_\_\_\_

How many customers or clients would you estimate will come to your business daily \_\_\_\_\_

**No hazardous substances and/or manufacturing will be permitted on or in the premises.**

Who will be the Principles(s) – General Partner(s) – Individual(s) signing the Lease:

(Please attach resolution authorizing non-partner/principle signatures.)

Mr. / Ms. _____ Title _____ Home Address _____ City _____ St ____ Zip _____ SS# ____ - ____ - ____ DOB ____/____/____ Email _____ Cellular Phone (____) _____ - _____ Signature _____	Mr. / Ms. _____ Title _____ Home Address _____ City _____ St ____ Zip _____ SS# ____ - ____ - ____ DOB ____/____/____ Email _____ Cellular Phone (____) _____ - _____ Signature _____
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**Please fax this completed form, copy of Driver's License for each person signing, and a copy of the corporate documents or letter requested above to 702-251-1909 – Attention: Carrie.**