



Lease Application

Port Everglades - Business Development Division
1850 Eller Drive, Suite 603 • Fort Lauderdale, Florida 33316
(954) 468-3518

Updated 6/2023

APPLICANT INFORMATION

Company Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Email: _____

Billing Address: Same as Above

_____ Street City State Zip

Type of Ownership: Sole Proprietorship Corporation Partnership Joint Venture

Date of Incorporation/Organization: _____ State: _____

BUSINESS ACTIVITIES

Please provide a description of your business and the activities to be conducted on the leased premises.

OFFICERS

Name: _____ Title: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

SIGNATURE AUTHORITY

Please list all people that have proper authorization to sign documents on behalf of company:

Name: _____

Phone: _____ Email: _____

Name: _____

Phone: _____ Email: _____

CREDIT REFERENCES

List three persons or firms with whom the corporation has conducted business transactions during the past three years. These references are to have knowledge of your debt payment history.

Name: _____ Title: _____

Firm: _____ Phone: _____

Email: _____

Address: _____
Street City State Zip

Nature and magnitude of purchase, sale, loan, business association, etc.:

Name: _____ Title: _____

Firm: _____ Phone: _____

Email: _____

Address: _____
Street City State Zip

Nature and magnitude of purchase, sale, loan, business association, etc.:

Name: _____ Title: _____

Firm: _____ Phone: _____

Email: _____

Address: _____
Street City State Zip

Nature and magnitude of purchase, sale, loan, business association, etc.:

BANK REFERENCES

Bank: _____ Phone: _____

Address: _____
Street City State Zip

Type of Account: _____ Bank Contact Name: _____

LANDLORD REFERENCES

Current Landlord: _____ Years: _____

Email: _____ Phone: _____

Address: _____
Street City State Zip

Previous Landlord: _____ Years: _____

Email: _____ Phone: _____

Address: _____
Street City State Zip

DOCUMENTATION & ACKNOWLEDGEMENTS

Please gather and submit the following information with your Application.

Your Application is not considered complete and cannot be considered until all items are received.

- Company's Articles of Incorporation
- Certificate of Corporate Status from the Secretary of State
- Current corporate financial statements or certified tax return

By submitting and signing this application, the applicant authorizes Port Everglades to make any inquiry or investigation it deems appropriate to verify or augment the information contained in the application and attachments, and authorizes others to release to Port Everglades any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, the information provided is subject to the Public Records Law.

Signature: _____ Date: _____

Printed: _____ Title: _____

Tenant Contact Information

Company: _____ Date: _____

PORT

Address: _____
Street City State Zip

Main Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Alternate Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Alternate Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

CORPORATE

Main Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Alternate Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

ACCOUNTING

Address: Same As Corporate Same As Port

Street

City

State

Zip

Main Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

Alternate Contact Name: _____

Phone: _____ Fax: _____

Cell: _____ Other: _____

Email: _____

EMERGENCY CONTACTS

Please list in the order in which you wish to be contacted.

Name: _____

Day: _____ Night: _____

Cell: _____ Other: _____

Email: _____

Name: _____

Day: _____ Night: _____

Cell: _____ Other: _____

Email: _____

Name: _____

Day: _____ Night: _____

Cell: _____ Other: _____

Email: _____

Signature: _____

Date: _____

Printed: _____

Title: _____