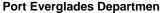


PORT EVERGLADES DEPARTMENT – Business Administration Division 1850 Eller Drive, Fort Lauderdale, Florida 33316-4201 • 954-523-3404 • FAX 954-525-1910

Date:
Dear Lease Applicant:
Enclosed is a Port Everglades lease application. Please complete the application and provide the required back-up documentation applicable to each section of the application.
Contact Josh Miller, Property Manager, at 954-468-3518. with any questions.
Sincerely,
Jorge Hernández Director of Business Administration
Enclosures





Port Everglades Department
Business Administration Division
1850 Eller Drive
Fort Lauderdale, Florida 33316
954-523-3404 x. 3518 • FAX 954-525-1910

LEASE APPLICATION

(Please type or print)

Company Name	
Address for purpose of notice or other communication rela	iting to the lease:
Numbe	er and Street
City/State/ZIP	Phone#: <u>(</u>)
E-mail address if any	Fax #: <u>(</u>)
Billing Address (if different from above):	
Numbe	er and Street
City	'State/ZIP
Type of Ownership: () Sole Proprietorship () (Corporation () Partnership () Joint Venture
Date and state of incorporation/organization:	
Date: State:	
Officers (President, Vice President, Secretary, Treasurer, e	<u>:tc.):</u>
Name	Title
AddressNumber and Street	City State Zip
Phone#: ()	Date of Birth:
Name	Title
Address	
Number and Street	City State Zip
Phone#: ()	Date of Rirth

Officers (- continued): Name Title Address _____ Number and Street City State Zip Phone#: () Date of Birth: Name _____ Title _____ Number and Street City State Zip Phone#: () Date of Birth: _____ Name of person(s) authorized to sign documents on behalf of company: Credit References: List three persons or firms with whom the corporation has conducted business transactions during the past three years. The references named are to have knowledge of your debt payment history. Reference No. 1: Name _____ Title _____ Firm _____ Phone#:<u>(</u>) Number and Street City State Zip Nature and magnitude of purchase, sale, loan, business association, etc.: Reference No. 2: Name _____ Title _____ Firm Phone#:() Number and Street Citv State Zip

Reference No. 2 (– continued):				
Nature and magnitude of purchase, sale, loan, business association, etc.:				
Reference No. 3:				
Name	Title			
Firm	Phone#: <u>(</u>)			
Address Number and Street	City	State	Zip	
Nature and magnitude of purchase, sale, loan, business ass			· 	
Bank References:				
Bank	Phone#:()		
Address Number and Street	City	State	Zip	
Type of Account	Bank Contact Name			
Landlord references:				
Current Landlord:	Years			
Address/Telephone:)		
Previous Landlord:	Years			
Address/Telephone:	()		

Please provide a description of your business and the activities to be conducted on the leased premises.		
	CHECKLIST	
Your application cannot be considerapplication.	ered unless copies of the following documents are submitted at the same time of	
	PORT USE ONLY	
1. Corporation	n's Articles of Incorporation.	
2. Corporation	n's Certificate of Corporate Status from the Secretary of State of Florida.	
3. Current co	rporate financial Statement and/or certified tax return.	
it deems appropriate to verify or au others to release to Port Everglade	ication, the applicant authorizes Port Everglades to make any inquiry or investigation agment the information contained in the application and attachments, and authorizes s any and all information sought in such inquiry. Applicant further understands that da, the information provided is subject to the Public Records Law.	
Date	Signature	
	THE	