



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 relating	y to the lease:
Number ar	nd Street
City/State/ZIP	Phone#:()
E-mail address if any	Fax #: <u>(</u>)
Billing Address (if different from above):	
Number ar	nd Street
City/Sta	te/ZIP
Type of Ownership: () Sole Proprietorship () Corp	poration () Partnership () Joint Venture
Date and state of incorporation/organization:	
Date: State:	
Officers (President, Vice President, Secretary, Treasurer, etc.)	<u>:</u>
Name	Title
Address	
AddressNumber and Street	City State Zip
Phone#: ()	Date of Birth:
Name	Title
Address _	
Number and Street	City State Zip
Phone#: ()	Date of Birth:



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#:()		
AddressNumber and Street	City	State	Zip	
Nature and magnitude of purchase, sale, loan, business as			,	
Traduce and magnitude of purchase, sale, loan, business as	sociation, etc			
Bank References:				
Bank	Phone#:()		
Address	Oth .	Ctata	7!	
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.	red unless copies of the following documents are submitted at the same time of
	□ PORT USE ONLY □
1. Corporation	's Articles of Incorporation.
2. Corporation	's Certificate of Corporate Status from the Secretary of State of Florida.
3. Current cor	porate financial Statement and/or certified tax return.
it deems appropriate to verify or audothers to release to Port Everglades	cation, the applicant authorizes Port Everglades to make any inquiry or investigation gment the information contained in the application and attachments, and authorizes any and all information sought in such inquiry. Applicant further understands that a, the information provided is subject to the Public Records Law.
Date	Signature