



CITY OF ORLANDO

APPLICATION FOR OCCUPANCY RETAIL SPACE

BUSINESS INFORMATION

Legal Name of Business: _____

D/B/A: (if different from Legal Name) _____

Type of Organization: Proprietorship C-Corp. S-Corp. General Partnership Limited Partnership Non-Profit
L.L.C. L.L.P.

Address (Main Office): _____
Number Street City State Zip

Federal Tax ID#/Employer ID #: _____ Number of Employees: _____ Yrs in Business: _____

Description of Business: _____
Briefly describe the product sold or service rendered by your business (e.g. restaurant, flower shop, etc)

Gross Annual Revenue: _____

Contact Person: _____ Title: _____

Emergency Contact Person: _____ Phone # (_____) _____

Business Phone # (_____) _____ Business Fax # (_____) _____

Email: _____ Website: _____

COMMERCIAL RENTAL HISTORY

Present Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To: _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

Previous Address: _____
Number Street City State Zip

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ From/To _____

Reason for leaving: _____

Landlord Name/Mortgage Co. _____ Phone # (_____) _____

BUSINESS FINANCIAL INFORMATION

Primary Bank: _____

Contact Person: _____ Title: _____

Bank Phone # (_____) _____ Bank Fax # (_____) _____

Type of Account: Checking Savings Checking Balance \$ _____ Savings Balance \$ _____

CREDIT REFERENCES

Please list all business debt and corresponding payment information:

Creditor Type of Business Contact Person Phone #

(_____) _____

Address: _____
Number Street City State Zip

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____

Creditor Type of Business Contact Person Phone #

(_____) _____

Address: _____
Number Street City State Zip

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____



CITY OF ORLANDO

CREDIT REFERENCES (continued)

Creditor _____ Type of Business _____ Contact Person _____ Phone # _____
 _____ (_____) _____

Address: _____
 _____ Number _____ Street _____ City _____ State _____ Zip _____

Opening Balance: \$ _____ Outstanding Balance: \$ _____ PMT Amt: \$ _____

PRINCIPAL/OWNER/GUARANTOR INFORMATION

Name: _____ SS # _____ DOB: _____

Drivers License # _____ Title: _____ % of Ownership: _____

Employer: _____ Gross Income: \$ _____

Employer Phone # (_____) _____ Position: _____ Length of Employment: _____

Home Address: _____
 _____ Number _____ Street _____ City _____ State _____ Zip _____

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____

Current Member of Armed Forces? Yes No Veteran Yes No if yes, which branch _____

Name: _____ SS # _____ DOB: _____

Drivers License # _____ Title: _____ % of Ownership: _____

Employer: _____ Gross Income: \$ _____

Employer Phone # (_____) _____ Position: _____ Length of Employment: _____

Home Address: _____
 _____ Number _____ Street _____ City _____ State _____ Zip _____

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____

Current Member of Armed Forces? Yes No Veteran Yes No if yes, which branch _____

Name: _____ SS # _____ DOB: _____

Drivers License # _____ Title: _____ % of Ownership: _____

Employer: _____ Gross Income: \$ _____

Employer Phone # (_____) _____ Position: _____ Length of Employment: _____

Home Address: _____
 _____ Number _____ Street _____ City _____ State _____ Zip _____

Rent Own Rental/Mortgage Amount Paid Monthly \$ _____ How Long at this address: _____

Current Member of Armed Forces? Yes No Veteran Yes No if yes, which branch _____

CERTIFICATION AND AUTHORIZATION

The signer(s) certifies that he/she is authorized to execute the application for the business named above, and that the information in this application and any other documents submitted in connection with the application are true, correct and complete.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

**Submit to: City of Orlando, Real Estate Management Division
 400 S Orange Avenue 4th Floor
 Orlando, FL 32801
 Or fax to 407-246-3712**

OFFICE USE ONLY

Space Applying for: _____ Square Footage: _____ Vendor Way: Yes No