



2575 Queen City Avenue
Cincinnati, Ohio 45238
Office (513) 662-8804
Fax (513) 662-8808

COMMERCIAL LEASE APPLICATION

Please provide all of the information requested below. Incomplete information can delay the processing of your application. PLEASE PRINT CLEARLY.

OCCUPANT(S)

Company _____

Address (Main Office) _____

DBA _____ Sole Prop Partnership Corp

Corp. No. _____ Year Established _____

Employer ID# _____ Number of Employees _____

Type of Business _____

Gross Annual Revenue _____

Contact Person _____ Title _____

Phone (____) _____ Fax (____) _____

COMMERCIAL RENTAL HISTORY (No Less Than Two Years)

Present Address _____

Rent ___ Own ___ Rental/Monthly Mortgage Payment _____ From/To _____

Reason for leaving _____

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

Previous Address _____

Rent ___ Own ___ Rental/Monthly Mortgage Payment _____ From/To _____

Reason for leaving _____

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

BANKING REFERENCE

Name _____ Phone (____) _____

Address _____

Account # _____ Checking _____ Savings _____ Balance _____

OTHER INFORMATION

THE PRINCIPALS

1) _____ Title _____

Social Security # _____ Date of Birth ____/____/____

Address _____

2) _____ Title _____

Social Security # _____ Date of Birth ____/____/____

Address _____



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OTHER INFORMATION (Continued)

3) _____ Title _____

Social Security # _____ Date of Birth ____/____/____

Address _____

CREDIT REFERENCES

1) Company _____ Phone (____) _____

Address _____

Account # _____ Contact Person _____

2) Company _____ Phone (____) _____

Address _____

Account # _____ Contact Person _____

3) Company _____ Phone (____) _____

Address _____

Account # _____ Contact Person _____

AUTHORIZATION

Historic Limited Liability Company, LLC. or any firm acting on its behalf is hereby granted permission to perform a credit check on our company and/or its principals.

1) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____

1) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____

3) SIGNATURE: _____ DATE: _____

By _____ TITLE: _____

FOR OFFICE USE ONLY

Note: Advise the applicant to authorize banks, landlords, and credit references to release all relevant information to Historic Limited Liability Company, LLC.

Remarks: _____

Move In Date: _____ Unit #: _____ Unit Type: _____ Rent \$ _____

Advise Applicants: _____

Not Accepted: Reason _____