MT Commercial Property Services

Commercial Real Estate • Leasing & Property Management
Oakland & Macomb County, Michigan
Phone: (248) 939-9017 Email: info@mtcommercialpropertyservices.com

COMMERCIAL LEASE APPLICATION

HOW TO USE THIS FORM
Open this PDF in Adobe Acrobat Reader (free) or Mac Preview, type directly into the fields, and check the boxes. When finished, save the file and email it to info@mtcommercialpropertyservices.com. A typed full legal name in a signature field is accepted as an electronic signature. You may also bring the completed form to a scheduled showing.

1. Premises Requested

PROPERTY ADDRESS / SUITE

APPROX. SQUARE FOOTAGE REQUESTED

DESIRED START DATE (MM/DD/YYYY)

DESIRED TERM (YEARS)

RENEWAL OPTION (YEARS)

DATE OF APPLICATION (MM/DD/YYYY)

2. Applicant — Business / Entity Information

LEGAL BUSINESS NAME

DOING BUSINESS AS (DBA)

NATURE OF BUSINESS

ENTITY TYPE (LLC, INC, PARTNERSHIP...)

STATE OF FORMATION

DATE ESTABLISHED (MM/DD/YYYY)

FEDERAL EIN (XX-XXXXXXX)

CURRENT BUSINESS ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

BUSINESS EMAIL

WEBSITE

3. Intended Use of Premises

Be specific. The lease restricts the Tenant to the approved use. "Office" or "retail" alone is not sufficient.

DESCRIPTION OF INTENDED USE

HOURS OF OPERATION (E.G. 9 AM – 9 PM)

DAYS OF OPERATION (E.G. MON–SAT)

EMPLOYEES ON-SITE

DAILY CUSTOMER VISITS (EST.)

SIGNAGE REQUESTED (TYPE / SIZE / LOCATION)

Will any of the following be present on the Premises? Check all that apply:

- ☐ Cooking / food preparation
- ☐ Chemicals / hazardous materials
- ☐ Heavy machinery / manufacturing
- ☐ Late-night operations (after 10 PM)
- ☐ Cash-intensive operations
- ☐ Open flame / commercial kitchen
- ☐ Compressed gas cylinders
- ☐ Vehicle service or repair
- ☐ Live entertainment / amplified music
- ☐ None of the above

4. Owners / Personal Guarantors

A personal guaranty is required from each individual with 25% or greater ownership.

Owner / Guarantor #1

FULL LEGAL NAME

TITLE / POSITION

OWNERSHIP %

HOME ADDRESS

CITY

STATE

ZIP

YEARS AT ADDRESS

MOBILE PHONE

PERSONAL EMAIL

SIGNATURE (TYPE FULL LEGAL NAME)

DATE (MM/DD/YYYY)

Owner / Guarantor #2

FULL LEGAL NAME

TITLE / POSITION

OWNERSHIP %

HOME ADDRESS

CITY

STATE

ZIP

YEARS AT ADDRESS

MOBILE PHONE

PERSONAL EMAIL

SIGNATURE (TYPE FULL LEGAL NAME)

DATE (MM/DD/YYYY)

Additional owners/guarantors may be attached on a separate sheet. SSN, date of birth, and driver's license number are not collected here — each guarantor will receive a separate, secure TransUnion SmartMove invitation for credit and background screening.

5. Banking & Trade References

Primary Business Bank

BANK NAME

BRANCH ADDRESS

ACCOUNT OFFICER

PHONE

ACCOUNT TYPE

ACCOUNT OPEN DATE (MM/DD/YYYY)

Trade / Vendor References (provide three)

REFERENCE 1 — COMPANY

CONTACT

PHONE

REFERENCE 2 — COMPANY

CONTACT

PHONE

REFERENCE 3 — COMPANY

CONTACT

PHONE

6. Current and Prior Tenancy

Current Business Location

PROPERTY ADDRESS

CURRENT LANDLORD

LANDLORD PHONE

MONTHLY RENT ($)

LEASE END DATE (MM/DD/YYYY)

REASON FOR RELOCATING

Prior Business Location (if applicable)

PROPERTY ADDRESS

PRIOR LANDLORD

LANDLORD PHONE

MONTHLY RENT ($)

LEASE END DATE (MM/DD/YYYY)

REASON FOR LEAVING

7. Financial Disclosure

ANNUAL GROSS REVENUE (CURRENT YR)

ANNUAL GROSS REVENUE (PRIOR YR)

NET OPERATING INCOME (EST.)

TOTAL BUSINESS LIABILITIES

OWNERS' COMBINED LIQUID ASSETS

OWNERS' COMBINED NET WORTH

Documents attached with this application (check all that apply):

- ☐ Two (2) years business tax returns
- ☐ Most recent business balance sheet
- ☐ Most recent profit & loss statement
- ☐ Three (3) months bank statements
- ☐ Business plan (if operating < 2 years)
- ☐ Two (2) years personal tax returns (each guarantor)
- ☐ Personal financial statement (each guarantor)
- ☐ Articles of Organization / Incorporation
- ☐ Certificate of Good Standing (Michigan LARA)
- ☐ Copy of driver's license (each guarantor)

8. Background Disclosures

Answer each. If "Yes," briefly explain on the line provided.

Has the Applicant or any guarantor ever filed for bankruptcy? ○ Yes ○ No

IF YES, EXPLAIN

Has the Applicant or any guarantor ever been evicted from a commercial or residential property? ○ Yes ○ No

IF YES, EXPLAIN

Has the Applicant or any guarantor ever defaulted on a lease or commercial loan? ○ Yes ○ No

IF YES, EXPLAIN

Are there any pending lawsuits, judgments, or tax liens against the Applicant or any guarantor? ○ Yes ○ No

IF YES, EXPLAIN

Has any guarantor been convicted of a felony within the past ten (10) years? ○ Yes ○ No

IF YES, EXPLAIN

Does the Applicant operate any other businesses at additional locations? ○ Yes ○ No

IF YES, EXPLAIN

9. Insurance

Tenant must carry commercial general liability and property damage insurance per the Lease (typically not less than $2,000,000 per occurrence). Landlord shall be named as additional insured.

CURRENT INSURANCE CARRIER

AGENT NAME

AGENT PHONE

LIABILITY LIMITS ($)

POLICY EXPIRATION (MM/DD/YYYY)

10. Authorization, Certification & Signature

By signing below, the Applicant and each individual owner/guarantor authorize MT Commercial Property Services and its agents to verify all information provided, obtain personal and business credit reports, conduct criminal background, eviction, and civil court searches, contact current and prior landlords, banks, trade references, and any other party named herein, and to re-verify the foregoing at any time during the term of any resulting lease. Applicant certifies that all information provided is true, complete, and accurate. Any false or misleading statement may result in rejection of this application or, if discovered after execution, may constitute a material breach of any resulting Lease.

☐ I authorize MT Commercial Property Services and TransUnion SmartMove (or equivalent consumer reporting agency) to obtain personal and business credit reports on the applicant and each personal guarantor.

☐ I authorize criminal background, eviction history, and civil court record searches on each personal guarantor, and contact with any references named above.

APPLICANT / AUTHORIZED SIGNER SIGNATURE (TYPE FULL LEGAL NAME)

PRINT NAME & TITLE

DATE (MM/DD/YYYY)