



COMMERCIAL LEASE APPLICATION

Thank you for your interest in our commercial rental properties. Please accurately enter ALL required information on the following pages. Any falsified information will lead to the immediate rejection of this application.

Once finished, please email the following (as applicable) to jessica@waltperryrealty.com:

- Completed application for ALL business partners
- Copy of applicant's driver's license(s) or state I.D.(s) for ALL business partners
 - If more than two business partners, please see attachment B.
- Business plan for at least one year (more information on page 5)
- Confirmation of your business's registration with the NC Secretary of State (downloaded PDF of the registration page typically works best). If needed, you may use your home address temporarily and then update the entity address to the rented location once your lease begins.

We may request further information than what is listed above to further ensure the tenant will be successful in that location (including, but not limited to: financial statements or references).

You may instead submit your application in person. Our office address is above, and our hours of operation are 9 am to 5 pm, Monday through Friday. **Upon submitting your application, please CALL us to tell us your social security number so that we may run your background check.** You may also tell us in person. If you need help saving the completed application, we advise consulting your search engine to see the necessary steps for your device. In most cases, you will "Print," then choose "Print to PDF" as your printer. The option to save the document will pop up from there.

If you need help saving the completed application, we advise consulting your search engine to see the necessary steps for your device. In most cases, you will "Print," then choose "Print to PDF" as your printer. The option to save the document will pop up from there.

Other Information:

- We (and our landlords) do not discriminate against any person or persons on the basis of race, color, religion, sex, handicap, familial status, national origin, sexual orientation, or gender identity.
- The only people who see this information are those involved in the decision-making process of your application.
- Decisions are made, in general, within 3 to 5 business days of running your background check(s).
- We may require a guarantor (someone who is legally obligated to make up the difference in your rent payment, should such necessity arise), depending on the location for which you're applying and if your application indicates that you may not have the funds necessary to reliably pay your rent and utilities.
- Rent is due in the form of cash, checks, and money orders. **We do not take credit cards at this time.**

Application Fee:

The application fee is **\$40 PER APPLICANT**. We accept checks, money orders, and cash. Checks should be made to Walt Perry Realty Inc. If you cannot submit the application fee in person, you may mail it to the address above. **Until the fee is received, your background check(s) will not be run, and this application is considered incomplete.**

TODAY'S DATE: _____

PROPERTY ADDRESS OF PREFERRED LOCATION:

PROPERTY ADDRESS OF BACKUP LOCATION (IF APPLICABLE):

BUSINESS INFORMATION

Business Legal Name: _____

EIN/Tax ID (If SSN, please either call us or deliver this information in person): _____

D.B.A (If Applicable): _____

Please Select One: Sole Proprietorship Corporation Partnership Franchise

If franchise, please enter your main contact's name, phone number, and email address:

Date Established (Franchisees Put Discovery Day Date): _____ Industry: _____

Website: _____ Planned Number of Employees: _____

Parent Company Name (If Applicable): _____

Social Media Handle(s): Instagram: _____ Facebook _____

LinkedIn: _____ TikTok: _____

Other(s): _____

Please Select All That Are Applicable: New Business with No Previous Locations or Online Presence

Established Business that's Online-Only Expanding to a New Location

Relocating to a New Location

Anticipated Property Occupation Date: _____

Current Location Information — If Applicable (If more than one location, please put your primary location's information then see Attachment A.)

Business Address: _____

Landlord Name: _____ Landlord Phone Number: _____

Monthly Rent: _____

If relocating, please briefly describe why you plan to leave your current location:

APPLICANT INFORMATION

Personal Information Applicant 1

First Name: _____ M.I. ____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Home Address: _____

Mailing Address (If Different From Your Home Address): _____

Email: _____ Driver's License or State I.D. Number: _____

Emergency Contact

First Name: _____ M.I. ____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Relationship: _____

Qualifications

Please briefly describe your work and education experiences for the past three years and how they qualify you to (co-)own and operate this business.

Personal Information Applicant 2

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Home Address: _____

Mailing Address (If Different From Your Home Address): _____

Email: _____ Driver's License or State I.D. Number: _____

Emergency Contact

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Relationship: _____

Qualifications

Please briefly describe your work and education experiences for the past three years and how they qualify you to (co-)own and operate this business.

BUSINESS PLAN

Please attach your one-year (or more) business plan to include (at least) the following items. The only people who see this information are those who are involved in the decision-making process of your application.

- Company History
- Mission Statement
- Market Analysis
- Financial Plan
 - Forecast/Draft Profit and Loss Statement
 - Please include alterations you plan to make to the building (upfit) and anticipated cost.
- Client/Customer Type and Client Acquisition Plan
- Products and Services
- Marketing Plan
- Why this location

APPLICANT SIGNATURE

By signing this commercial lease application, the below individual certifies that all information submitted is accurate to the best of their knowledge. They authorize the lessor or their authorized agent to verify the preceding information, authorizing the release of information contained in this application or any other information that the lessor or their authorized agent deems necessary to determine if applicant will suit the needs of the location and lessor. The applicant understands and accepts that any falsified information will lead to the immediate rejection of this application. If the lessor or their authorized agent accepts this application, they agree to execute a lease of the property in the form exhibited to them by the lessor or their authorized agent. They also understand that they may be required to pay a security deposit equal to one month's rent in addition to the first month's rent before occupation of the property.

Full Printed Name

Signature

Date

Full Printed Name

Signature

Date

ATTACHMENT A

If you have more than one current location for your business, please enter that information here.

Business Address: _____

Landlord Name: _____ Landlord Phone Number: _____

Monthly Rent: _____

Business Address: _____

Landlord Name: _____ Landlord Phone Number: _____

Monthly Rent: _____

Business Address: _____

Landlord Name: _____ Landlord Phone Number: _____

Monthly Rent: _____

ATTACHMENT B

Personal Information Applicant 3

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Home Address: _____

Mailing Address (If Different From Your Home Address): _____

Email: _____ Driver's License or State I.D. Number: _____

Emergency Contact

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Relationship: _____

Qualifications

Please briefly describe your work and education experiences for the past three years and how they qualify you to (co-)own and operate this business.

Personal Information Applicant 4

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Home Address: _____

Mailing Address (If Different From Your Home Address): _____

Email: _____ Driver's License or State I.D. Number: _____

Emergency Contact

First Name: _____ M.I. _____ Last Name: _____

Phone Number: _____ Secondary Phone Number: _____

Email: _____ Relationship: _____

Qualifications

Please briefly describe your work and education experiences for the past three years and how they qualify you to (co-)own and operate this business.

APPLICANT 3 & 4 SIGNATURE (IF APPLICABLE)

By signing this commercial lease application, the below individual certifies that all information submitted is accurate to the best of their knowledge. They authorize the lessor or their authorized agent to verify the preceding information, authorizing the release of information contained in this application or any other information that the lessor or their authorized agent deems necessary to determine if applicant will suit the needs of the location and lessor. The applicant understands and accepts that any falsified information will lead to the immediate rejection of this application. If the lessor or their authorized agent accepts this application, they agree to execute a lease of the property in the form exhibited to them by the lessor or their authorized agent. They also understand that they may be required to pay a security deposit equal to one month's rent in addition to the first month's rent before occupation of the property.

Full Printed Name

Signature

Date

Full Printed Name

Signature

Date