PROSPECTIVE TENANT GENERAL INFORMATION

313 CARONDELET

Applicant's Name	
Business Name	
Address	
Email	
Proposed Use	
Attorney	
Address	
Phone Number	
Existing Locations Number of stores	
Where located?	
Average store size	
Photos or Drawings	If available, please attach photos of your prototype retail space plan requirements.
Price point of products/services	
Website	
Franchised? ☐ Yes ☐ No	
Opening Dates & Term	
How soon do you need possession	of the premises?
How much time will you require t	o make your improvements?
How long of a lease term are you	requesting?

Tenant Improvements

What improvements do you intend to make to the premises prior to opening?	
Approximately how much will it cost for you to make your improvements?	
Will you be using and architect/designer for your space planning & drawings?	
Architect	
General Contractor	
Start- Up Costs	
Describe your anticipated start-up operating expenses of payroll costs, insurance, etc.)	at the new location and list amounts (include inventory, supplies, initial
Expense	Cost
Financing	
Will you require financing to open your business?	
If yes, have you already secured financing?	
What type of loan and who is the lender? (please provide verification)	
Will you be contributing to the funding? If so, what is the amount?	

۱e	ga
	Бu

If your business is a corporation, partnership, or joint venture, please describe its legal and financial structure.	
<u>Other</u>	
Please indicate in summary form anything your company would like us to know in reviewing your application.	

BUSINESS PLAN

Please complete the below and attach a Business Plan for your operation at this location:

General description of how the premises will be used by you and/or your staff	
Resumes of principals	Please provide a separate bio or resume of the principals who
	will be operating the company.
Sales Projection: What is your anticipated gross sales volume for	First:
the first and second years you are open for business?	
	Second:
Landlord References: If you have rented or leased commercial space, please list the name and contact info of your most recent	Name:
landlord.	Contact info:

Daily Operations

Hours of Operation: Do you operate normal business hours during weekdays? ☐ Yes ☐ No	
If "No," please explain.	
Special Events: Does the nature of your business require occasional after hours gatherings? \square Yes \square No	
If so, about how many guests or associates might attend?	
<u>Employees</u> : How many full time employees will work from the proposed premises? Who will manage?	
Electrical Use: Does your business have any equipment, motors, or other devices that would require above normal electrical equipment? ☐ Yes ☐ No	
If "Yes," please explain.	
Security & Storage: Does your business have any unique requirements that deal in early morning pickups, storage on premises or security issues? \square Yes \square No	

LEASE APPLICATION

Premises Information

Building Name	Hibernia Tower
Address	
Square Footage	

Personal Information

Name of proposed tenant			
Address	Street		Suite
	City	State	Zip
Telephone		1	-
Email Address:			
Is the tenant a corporation, partnership, or l	imited liability company?		
State of Incorporation			
Name of company			
Federal Tax I.D. Number			
Type of business			
Date tenant began doing business			

Owner Information

Please provide the following information for all people who will have an ownership interest in the business.

Full Name	Home Address	Home Phone/Cell	Date of Birth	Drivers License Number	Social Security Number	Percentage of Ownership if Tenant is a Company

Current and Former Business Address

If you have or previously had a place of business, please provide the following information:

Current Business Address	Street				Suite
	City			State	Zip
If you rented, give the name of I	Lessor				
Web Address					
Lessor's phone					
Amount of monthly rent					
Length of occupancy					
Reason for moving					
If first time operator, please list occupation, salary and number occupany. Will you continue vafter opening your business? ☐ Yes ☐ No	of years with	Current Occupation: Salary: Number of years with company:			
Financial Information Approximate last year sales volur	ne per store:				
\$	_ \$		\$		
Financial Information Required:					
Financial Statement (E	Balance Sheet,	Income Statement, Cash F	low Statement)	
Past Two Years of Tax	Returns				
Complete Attached Fi	nancial Statem	nent (Personal)			

PERSONAL FINANCIAL STATEMENT

Individual Information	Other Party Information
Name	Name
Residence Address	Residence Address
City, State & Zip	City, State & Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City, State & Zip	City, State & Zip
Residence Phone	Residence Phone

For the purpose of securing credit from time to time, I furnish the following as a true and correct statement of my financial condition on data named above and agree to notify you of any material changes affecting my financial condition. In the absence of such notice, this is to be considered a continuing statement and my ability to pay has not fallen below the condition herein set forth.

Assets	In Dollars	Liabilities	In Dollars
Cash on hand and in banks (Schedule A)	\$	Notes Payable Banks (Schedule A) Secured and Unsecured	\$
Stocks and Bonds (Schedule B) US Government and Marketable Securities	\$	Notes Payable to Others (Schedule E) Secured and Unsecured	\$
Stocks and Bonds (Schedule B) Unlisted Securities	\$	Accounts Payable	\$
Accounts and Notes Receivable	\$	Federal & State Income Taxes Payable	\$
Real Estate Owned (Schedule C)	\$	Other Accrued Taxes and Interest	\$
Mortgages Owned (Schedule D)	\$	Mortgages Payable (Schedule C)	\$
Cash Surrender Value Life Ins (Schedule F)	\$	Installment Contracts Payable	\$
Automobiles and Other Personal Property	\$	Loans against Life Insurance (Schedule F)	\$
Other Assets (itemize):	\$	Other Liabilities (itemize):	\$
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL	\$	TOTAL	\$
Amount of Assets Pledged	\$	Amount of Liabilities Secured	\$

Annual Incomo: Calani C	Food or Commission C	Othors	
Annual Income: Salary \$	Fees or Commission S	Other Ś	

Will this cont	tinue?			
Business or (Occupation:	Name of Employer:		_
Employer Ad	dress:	Employer Phone #:		_
May we cont	act your present employer?			_
Are you a pa	rtner or officer in any other bus	iness or venture?		_
Age	Marital Status:	No. of Dependants	Spouse	_
	(Single/married/widow(er)/divorced)		
Are there an	y unsatisfied judgments or legal	actions pending against you?		_
Have you eve	er gone through bankruptcy?			_
except as no	ted on this form or on a suppor	ave not pledged, assigned, hypothed ting schedule, nor has any such actio	n been taken since that date	, except as follows (give
		-maker:		
On receivabl	e discounted or sold:	As guarantor:		_
On leases, m	ortgages or contracts:	Unsettled claims:		_
Other (itemiz	ze):			_

Please complete ALL Schedules and fill in ALL blanks; Insert "None" if appropriate

Schedule A – Cash Balances and Bank Loans

Name of Bank	Stateme	ent Date	Method of Borrowing
	Cash Balance	Amount Owing	(Unsecured, Guaranty, or Collateral)
Cash on Hand			
Total as per Statement			

Schedule B – Stocks and Bonds (US Government and Marketable Securities and Unlisted Securities)

Shares or Bonds	Name of Security	In Name of	Present Market Value	If Pledged State to Whom

Schedule C - Real Estate Owned

% Ownership	Location Type of Property and Date Acquired	Title in Name of	Cost	Recent Appraised Value	Mortgage/Amount Due
	I her liens against any of the above ortgage payments, interest or tax			I	

Schedule D - Real Estate Mortgages Owned

Type of Lien (1 st , 2 nd , etc.) Location and Type of Property	Mortgagee or Record	Original Amount	Present Amount	Maturity
Are there any principal payments, inter Are there any unrecorded assignments		No		

Schedule E – Notes Payable to Banks and Others (Secured and Non-Secured)

Amount	Creditor	Due	Terms	Collateral

Schedule F – Life Insurance

Face Amount	Name of Company	Beneficiary	Type of Policy	Cash Value	Loans Against Policy
Are any of the al	bove policies assigned ex	cept for loans as sho	own? □ Yes □ No		
	tement is true and correc by the undersigned.	t and may continue	to be considered a	t least as favorable	as shown until otherwise
Applicants S	ignature	_			
Datadi tha	day of	20			

References

Credit References:

Name		Address	Address	
State	Zip	Telephone	Account #	
Name		Address	<u> </u>	City
State	Zip	Telephone	Account #	
Name		Address	<u> </u>	City
State	Zip	Telephone	Account #	
ank Refere		Address		City
State	Zip	Telephone	Account #	
Bank Name	2	Address		City
State	Zip	Telephone	Account #	
Bank Name	2	Address		City
State	Zip	Telephone	Account #	
		, its officers, partners, or owners	s ever been delinquent in payr	nent of any financial obligation?
f yes, pleas	se provide deta	ils:		
2. Have you	ı ever declared	bankruptcy when you were a	a major owner?	

If yes, please provide details:

The above information is freely given in connection with an offer to lease at the subject address. I/We hereby authorize the Landlord to verify all information on this application by contacting the sources listed or any other sources available and to obtain a credit report through a national credit rating agency. The information contained herein is true and correct to the best of my/our knowledge. I/We understand that Landlord has not, by acceptance of this Application, agreed to lease to Applicant the Premises. This information shall remain the property of the Landlord whether or not the offer to lease is accepted and all information shall be kept as confidential as possible.

Please note – all persons listed either as tenant or as owners of the business must sign.

ALL PERSONS MUST PROVIDE LANDLORD WITH LEGIBLE COPY OF DRIVERS LICENSE OR IDENTIFICATION AND CREDIT RELEASE. LANDLORD CANNOT PROCESS APPLICATION WITHOUT IT.

Signature	Date
Print Name	
Social Security Number	DOB
Signature	Date
Print Name	
Social Security Number	DOB
Signature	Date
Print Name	
Social Security Number	DOB

Authorization to Obtain Credit Information

This is to inform you, the Applicant, that as a part of landlords procedure for processing and reviewing your application, an investigation may be made whereby information is obtained through personal interviews with your business references, landlord references, or others with whom you are associated or acquainted. This inquiry includes, as appropriate, a consumer credit report, information as to your character, general reputation, and mode of living.

Under the Fair Credit Reporting Act, you have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. **other way** This information shall remain the property of the Landlord and all information shall be kept as confidential as possible.

Authorization to Release Credit Information / Application Information Required for Processing

You are hereby authorized to release and give to the Landlord any and all information they request concerning my credit, banking, employment, and residency in reference with the application made for credit or tenancy. I hereby waive any privileges I may have with respect to said information in reference to its release of the aforesaid party.

Signature	Date	Spouse's Signature (required)	Date
Print Name		Print Name	
Address:		Address:	
Social Security Number		Social Security Number	
Date of Birth		Date of Birth	