



645 Mayport Rd
Atlantic Beach, FL 32084
(904) 688-0217

Florida Commercial Lease Application

Ready. Set. Grow!

Ready to Apply for Your New Space?

You're just a few steps away from securing your perfect commercial space! Simply fill out the questionnaire below, gather the required documents from the checklist, and send everything to your property manager.

- ✓ Quick & Easy Process
- ✓ Straightforward Checklist
- ✓ Response in Just 1-2 Business Days!

Let's make it happen—your new space is waiting!

THE PROPERTY.

Property Address: _____
Square Feet (SF): approx. _____ +/-
Property Name (if any): _____

THE APPLICANT.

Business name (LLC, Corp, etc): _____
Principal Office Address: _____
Phone Number: _____
E-Mail Address: _____

Type of Entity: ☐ - LLC ☐ - Corporation ☐ - Partnership ☐
Other _____
State of Incorporation: _____
Federal TAX ID Number (FEIN): _____
Business Type & description of operations: _____
(e.g. "pharmacy", "convenience store", etc.) _____
Years in business _____

THE TENANT (s).

Owner/Principal: _____
Ownership Percentage: _____ %
Title: ☐ - President ☐ - CEO ☐ - Vice President
☐ - Other _____
Driver's License Number: _____ State: _____
Iss. Date: _____ Exp Date: _____
Social Security Number (SSN): _____
Date of Birth _____

2nd Owner/Principal: _____

Owner/Principal: _____

Ownership Percentage: _____ %

Title: _____

☐ - President ☐ - CEO ☐ - Vice President

☐ - Other _____

Driver's License

Number: _____ State: _____

Iss. Date: _____ Exp Date: _____

Social Security Number (SSN): _____

Date of Birth _____

Present Business Address: _____

Rent: _____

\$_____ / Month ☐ - Rent ☐ - Own ☐

Other _____

If Renting, Name of Landlord: _____

Phone: _____

Reason for relocating business: _____

If less than 2 years at address:

Home Address: _____

Rent: _____

\$_____ / Month ☐ - Rent ☐ - Own ☐ -

Other _____

LEASE GUARANTEE.

Name(s) of the Person(s) that will Guarantee the Lease:

Person 1: _____

Person 2: _____

RENTAL HISTORY.

Rent: \$_____ / Month ☐ - Rent ☐ - Own ☐
Other _____
If Renting, Name of Landlord: _____
Phone: _____
Reason for relocating business: _____

If less than 2 years at address:
Home Address: _____
Rent: \$_____ / Month ☐ - Rent ☐ - Own ☐ -
Other _____

Guarantor (2)
Present Home Address: _____
Rent: \$_____ / Month ☐ - Rent ☐ - Own ☐
Other _____
If Renting, Name of Landlord: _____
Phone: _____
Reason for relocating business: _____

If less than 2 years at address:
Home Address: _____
Rent: \$_____ / Month ☐ - Rent ☐ - Own ☐ -
Other _____

CREDIT REFERENCE. (Former Landlord, Bank, Vendor, etc.)

1st Reference: _____
Address: _____
Phone: _____
E-Mail Address: _____

2nd Reference: _____
Address: _____

Phone: _____

E-Mail Address: _____

3rd Reference: _____

Address: _____

Phone: _____

E-Mail Address: _____

CURRENT MONTHLY REVENUE.

Gross Revenue: \$ _____

Total Expenses: \$ _____

CURRENT ASSETS.

Cash on Hand & in Banks \$ _____

Savings Accounts \$ _____

IRA/Retirement Accounts \$ _____

Accounts Receivable \$ _____

Insurance Cash Surrender \$ _____

Stocks & Bonds \$ _____

Real Estate \$ _____

Vehicles \$ _____

Other Personal Property \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Total Assets: \$ _____

CURRENT LIABILITIES.

Accounts Payable \$ _____

Notes Payable to Banks \$ _____

Auto Payments \$ _____

Other Installment Accounts \$ _____

Loans on Life Insurance \$ _____

Mortgages on Real Estate \$ _____

Unpaid Taxes \$ _____

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Other Liabilities _____	\$ _____
Other Liabilities _____	\$ _____
Other Liabilities _____	\$ _____
Total Liabilities _____	_____

BANKING REFERENCES.

1 st Account Bank	Name _____ Phone _____
Bank Address	_____
Account Number	_____ Type <input type="checkbox"/> - Checking <input type="checkbox"/> Savings

2 nd Account Bank	Name _____ Phone _____
Bank Address	_____
Account Number	_____ Type <input type="checkbox"/> - Checking <input type="checkbox"/> Savings

CONSENT.

I/We, _____, (AND), _____ the undersigned applicant(s) authorize the Landlord/Owner, or his/her/their agent to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit.

Tenant Signature _____ Date _____

Tenant Signature _____ Date _____

****Authorization to Conduct Criminal Background Check****

The owner/authorized representative has granted permission to LVL Commercial, LLC, a subsidiary of The Klotz Group of Companies, to conduct a criminal background check in relation to the commercial property located at in which you are applying..

I understand that the results of this background check will be used to assess the suitability of my potential tenancy for leasing the aforementioned commercial space. I affirm that all information provided by me is true and correct to the best of my knowledge.

I acknowledge that LVL Commercial, LLC will maintain confidentiality and will use this information solely for the purposes stated above.

Signature: _____

Date: _____

Signature: _____

Date: _____

Checklist: Information Required for Lease Consideration

Before submitting your Application, ensure you provide the following information:

✓ **Financial Documents:**

- ID for any Leaseholders and/or Guarantors

✓ **Financial Documents:**

- Most recent **business financial statements** (P&L / Operating Stmt)
- **Bank statements** (last 3–6 months)
- **Tax returns** (last 2 years)

✓ **Legal & Background Information:**

- Business **EIN number**
 - State business registration documents
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Ready to Submit?

Send your **Application and supporting documents** to:

✉ info@lvlcommercial.com

📍 645 Mayport Rd. | Atlantic Beach, FL 32084

☎ (904) 688-0217

We look forward to reviewing your application and welcoming you to our commercial space!