



TENANT

PROSPECTIVE TENANT LEGAL NAME:

PHONE (Please provide area code):

EMAIL:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

LEASE / LICENSE DETAILS

PROSPECTIVE TENANT BUSINESS NAME (DBA):

LEGAL ENTITY DESCRIPTION (e.g.: 501(c)3 registered in the state of Hawaii):

AUTHORIZED SIGNATORY NAME:

AUTHORIZED SIGNATORY TITLE:

PREMISES DESCRIPTION (e.g.: Classroom A): ***Please attach premises map**

MONTHLY NET RENT REQUIRED:

GET:

TERM PERIOD:

COMMENCEMENT DATE:

Additional **OR**

Included

USE REQUIREMENTS

SECURITY DEPOSIT:

IF YES: State Deposit Amount:

 Yes No

IF YES: Attach budget.

OPERATING EXPENSES:

 Yes No

IF YES: Describe number of stalls and location:

PARKING AREAS ALLOWED:

 Yes No

IF NO: Describe where will they park:

RESTRICTION OF USE:

IF YES: State type: Office? Classrooms?

 Yes No

JANITORIAL (INCLUDED/EXCLUDED):

IF YES: State amount:

 Yes No

SIGNATURE:

DATE: