



SPECIALTY LEASING APPLICATION

Applicant's Information		
First Name:		Last Name:
Home Address:	City/State:	Zip Code:
Phone:	Cell:	Email:
Business Entity Information		
Do you currently have a business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of years in business: _____
Legal Business Name: *Attach Report from Secretary of State	Federal ID No.:	State Formed:
Principal Address (preferably not a Post Office box):	City/State:	Zip Code:
Website:	Social Media (Instagram, Facebook, etc.):	
Entity Type (if other, please specify): <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Other		
List previous/current location addresses of business entity:		
Proposed trade name (DBA):	Is DBA registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which state is it registered in?	
	Who is your target customer? (male, female, kids, teens, etc.)	
Looking for a (check all that apply): <input type="checkbox"/> Event Space <input type="checkbox"/> Kiosk (10 x 10) <input type="checkbox"/> RMU or Cart <input type="checkbox"/> Temporary Retail Store	Looking for location at (check all that apply): <input type="checkbox"/> Bayside Marketplace, FL	Range of products and prices?
How would you describe your category of goods?	Are products brand names or handmade items?	Photos attached? <input type="checkbox"/> Yes <input type="checkbox"/> No MANDATORY MUST INCLUDE PHOTOS OF PRODUCT OR CURRENT RETAIL LOCATIONS ALONG WITH COMPLETED LEASE APPLICATION TO THERNANDEZ@BAYSIDEMARKETPLACE.COM

Please note that this application is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement.

Applicant's Signature

Date of Completed Application

Please return completed application to THERNANDEZ@BAYSIDEMARKETPLACE.COM