

**New Meadows
Business Park - Application**

A. THE BUSINESS.

Business Name: _____

Principal Office Address: _____

Phone Number: _____ E-Mail Address: _____

Type of Entity: ☐ - LLC ☐ - Corporation ☐ - Partnership ☐ - Other _____

State of Incorporation: _____ Date of Business Incorporation _____

Federal TAX ID Number (FEIN): _____

Business Type:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> - Retail | <input type="checkbox"/> - Wholesale | <input type="checkbox"/> - Industrial | <input type="checkbox"/> - Manufacturing |
| <input type="checkbox"/> - Professional / Office | <input type="checkbox"/> - Web Based | <input type="checkbox"/> - Call Center | <input type="checkbox"/> - Social Services |
| <input type="checkbox"/> - Legal | <input type="checkbox"/> - Partnership | | |

Traffic Impacts:

Estimate the largest Gross Vehicle Weight of delivery and operational vehicles visiting the site. _____

What is the anticipated vehicle volume (number of vehicles) per day? _____

B. THE OWNER.

Owner/Principal: _____

Ownership Percentage: _____ %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other _____

Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____

2nd Owner/Principal: _____

Ownership Percentage: _____ %

Title: ☐ - President ☐ - CEO ☐ - Vice President ☐ - Other _____

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Driver's License Number: _____ State: _____

Issued Date: _____ Expiration Date: _____

Social Security Number (SSN): _____

C. LEASE GUARANTEE.

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

Person 1: _____

Person 2: _____

D. BUSINESS RENTAL HISTORY.

Present Address: _____

Rent: \$ _____ / Month ☐ - Rent ☐ - Own ☐ - Other _____

If Renting, Name of Landlord: _____ Phone: _____

Previous Address: _____

Rent: \$ _____ / Month ☐ - Rent ☐ - Own ☐ - Other _____

If Rented, Name of Landlord: _____ Phone: _____

Previous Address: _____

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E. PERSONAL RENTAL HISTORY.

Present Address: _____

Rent: \$ _____ / Month ☐ - Rent ☐ - Own ☐ - Other _____

If Renting, Name of Landlord: _____ Phone: _____

Previous Address: _____

Rent: \$ _____ / Month ☐ - Rent ☐ - Own ☐ - Other _____

If Rented, Name of Landlord: _____ Phone: _____

Previous Address: _____

Rent: \$ _____ / Month ☐ - Rent ☐ - Own ☐ - Other _____

If Rented, Name of Landlord: _____ Phone: _____

Previous Address: _____

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

1st Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____ Purpose: _____

2nd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____ Purpose: _____

3rd Reference: _____

Address: _____

Phone: _____ E-Mail Address: _____ Purpose: _____

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G. BUSINESS BANKING REFERENCES.

1st Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type ☐ - Checking ☐ - Savings

Date account opened: _____

2nd Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type ☐ - Checking ☐ - Savings

Date account opened: _____

H. PERSONAL BANKING REFERENCES.

1st Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type ☐ - Checking ☐ - Savings

Date account opened: _____

2nd Account Bank Name _____ Phone _____

Bank Address _____

Account Number _____ Type ☐ - Checking ☐ - Savings

Date account opened: _____

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I. **CURRENT ASSETS.** (as of date) _____

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:	\$ _____

J. **CURRENT LIABILITIES.** (as of date) _____

Accounts Payable	\$ _____
Notes Payable to Banks	\$ _____
Auto Payments	\$ _____
Other Installment Accounts	\$ _____
Loans on Life Insurance	\$ _____
Mortgages on Real Estate	\$ _____
Unpaid Taxes	\$ _____
Other Liabilities _____	\$ _____
Other Liabilities _____	\$ _____
Other Liabilities _____	\$ _____
Total Liabilities	\$ _____

If Current Assets and Liabilities are not available due to a new business, a Projected Budget and Profit and Loss Statement must be included.

Current report should include last operating P&L or Year to Date if a current business.

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K. CONSENT.

I/We, _____, the undersigned applicant(s) authorize the City of New Meadows, or 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 all other persons to provide to City of New Meadows any and all information concerning my/our credit. The information obtained will only be used to determine qualifying factors for least options.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

State of Idaho

County of _____

On this ____ day of _____, 20____, before me, _____, a notary public for the State of _____, personally appeared _____, known or identified to me (or proved to me on the oath of _____) to be the person named in the foregoing instrument, and acknowledged to me that he/she executed the same as his/her free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in the certificate first above written.

Signature of Notary Public (Seal)

Printed Name of Notary Public

Commission Expiration Date: _____