

# LEASE/RENTAL APPLICATION

PORT OF BELLINGHAM - PO BOX 1677 - BELLINGHAM, WA 98227 - 360-676-2500

## BUSINESS PROFILE

BUSINESS NAME:	CONTACT:
ADDRESS:	E-MAIL :
BUSINESS PHONE:	CELL:
	FAX:
<input type="checkbox"/> WASHINGTON CORP - <i>Please produce a copy of your annual report</i> <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> OTHER	
BUSINESS TAX I.D. #	DUN & BRADSTREET #
BUSINESS ACTIVITY (Describe)	
HOW LONG HAS THE BUSINESS BEEN IN OPERATION?	
HAS THE BUSINESS OPERATED UNDER ANY DIFFERENT NAMES WITHIN THE LAST 7 YEARS?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list all other names and describe the circumstances of the name change (e.g. merger, acquisition, etc.)	

PRIOR ADDRESSES FOR THE BUSINESS WITHIN THE LAST 7 YEARS	LANDLORD NAME	LANDLORD PHONE #

ALL PRINCIPAL OWNERS AND OFFICERS OF BUSINESS	TITLE	SOCIAL SECURITY #

PRIOR BUSINESS(S) OWNED/OPERATED BY BUSINESS PRINCIPLE(S)	ADDRESS	TELEPHONE #

ANTICIPATED NUMBER OF U.S. EMPLOYEES: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

DISTRICT LOCATION AND SITE REQUIREMENTS:

FINANCING NECESSARY:  Yes  No If Yes, explain \_\_\_\_\_

## FINANCIAL STATEMENT

Assets (What I Own)      Itemize on Schedules	Liabilities (What I Owe) Itemize on Schedules
Cash, Checking, Savings _____	Accounts Payable _____
Stock, Bonds, Security _____	Notes Payable to Banks _____
Life Insurance/Cash Value _____	Notes Payable to Others _____
Accounts Receivable _____	R.E. Mortgage Loans _____
Salable Inventory _____	Interest & Taxes Due _____
Real Property _____	Charge Accounts _____
Equipment _____	Other Debts _____
Furniture/Fixtures _____	TOTAL LIABILITIES      \$ _____
Motor Vehicles _____	
Other Property _____	NET WORTH      \$ _____
	(Total Assets Less Liabilities)
TOTAL ASSETS      \$ _____	

STATEMENT OF INCOME*			
	Prior Year	Current Year Estimate	
Wages from Employment or Occupation	_____	_____	
Income from Dividends/Interest	_____	_____	
Net Income from Rents & Investments	_____	_____	
Other Income	_____	_____	
TOTAL INCOME	\$ _____	TOTAL INCOME	\$ _____

\* In Lieu of completing this section of the application, a copy of your tax forms for the prior two years may be provided.

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## SUPPORTING INFORMATION

CHECKING & SAVINGS ACCOUNTS			
Name of Depository	Account #	Bank Contact	Amount

CREDIT/BUSINESS REFERENCE				
Name	Address	Contact	Phone #	Account #

REAL PROPERTY					
Description	Title in Name of	Date Acquired	Purchase Price	Estimated Value	Balance Owed

TOTAL \$ \$

NOTES TO FINANCIAL INSTITUTIONS, CREDIT CARDS, ETC. Creditor	Payment Due	Amount

Attach supporting documentation TOTAL \$

Have you, the business (If a separate legal entity), or the principal owners of the business filed a bankruptcy petition within the last seven (7) years?  
 \_\_\_\_ Yes \_\_\_\_ No If so, then please answer the following information for each such petition filed:  
*(Attach additional pages if necessary)*

Date of bankruptcy filing:	Type of bankruptcy petition (e.g. Chapter 7, 11 or 13):
Court in which petition was filed:	Bankruptcy action cause number:
Was a discharge obtained?	If so, when?
Current status of bankruptcy action:	

Have any judgements been rendered against you, the business or any principal owners of the business within the last seven (7) years?  
 \_\_\_\_ Yes \_\_\_\_ No If so, please answer the following information for each such judgement rendered:

Name of lawsuit:	Cause number of lawsuit:
Court in which lawsuit was litigated:	State in which lawsuit was litigated:
Nature of lawsuit:	
Date judgement was entered:	Is the matter currently on appeal? If so, list date appeal was filed:
Has judgment been partially or wholly satisfied?	If wholly satisfied, please submit copy of satisfaction of judgment.

### SIGNATURE

I hereby affirm that the foregoing information is true and correct as of this date.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please complete the attached **GENERAL RELEASE AUTHORIZATION FORM**

## General Release Authorization

### Port of Bellingham

PO Box 1677  
Bellingham, WA 98227-1677  
Phone: (360) 676-2500

I plan to enter into a property lease or agreement with the Port of Bellingham. My signature below authorizes the release of any credit information necessary for the use of the Port of Bellingham, including, but not limited to, verifications of deposits, and references listed on my application.

I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use; and request that such a copy be fully honored.

**Business Name:** \_\_\_\_\_

**Business Tax I.D. #:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

#### Notice to Applicants:

As part of the verification process outlined above, a credit report may be ordered from a consumer reporting agency. You may receive a telephone call from a representative of one of these agencies to review credit information you have already provided and to seek additional details required to complete your report. The telephone interview will also provide you with an opportunity to inform the credit reporting agency of any disputes and to locate and correct any errors.