



Emmerich & Associates, Inc.  
1105 Grand Avenue, Suite 5  
Schofield, WI 54476  
Phone: (715) 359-1500  
Fax: (715) 355-0028

# Emmerich & Associates, Inc.

## BUSINESS LEASE APPLICATION

*\*\*\*This is NOT a Rental Contract\*\*\**

Building Located at \_\_\_\_\_

Description of Area Rented: \_\_\_\_\_

Occupancy Date \_\_\_\_\_ Rent \_\_\_\_\_ Deposit \_\_\_\_\_

Utilities Included: \_\_\_\_\_

Planned Use of Area Rented: \_\_\_\_\_

### INDIVIDUAL OR PARTNERSHIP INFORMATION

(Please fill out separate application for each partner)

Name of Business \_\_\_\_\_

Name of Owner \_\_\_\_\_ S.S.N. \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Name of Co-Owner \_\_\_\_\_ S.S.N. \_\_\_\_\_

Name of Co-Owner \_\_\_\_\_ S.S.N. \_\_\_\_\_

### CORPORATE INFORMATION

Name of Corporation \_\_\_\_\_

Subsidiary of \_\_\_\_\_

Chief Executive Officer \_\_\_\_\_

President \_\_\_\_\_ Vice-President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

How many years has this business been in operation? \_\_\_\_\_

*Serving Central Wisconsin for over 45 Years!* . . . . .



Present Business Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Present Landlord or Mortgage Holder \_\_\_\_\_

Telephone \_\_\_\_\_ Amount of Rent/Mortgage Payment \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Present Business Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Present Landlord or Mortgage Holder \_\_\_\_\_

Telephone \_\_\_\_\_ Amount of Rent/Mortgage Payment \_\_\_\_\_

Reason for Moving \_\_\_\_\_

### CREDIT REFERENCES

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Name of Company \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Company \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Company \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

### EMERGENCY INFORMATION

In case of after hours emergency please notify \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

In case of personal emergency, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

***The undersigned hereby authorizes Emmerich & Associates, Inc. to utilize a credit reporting agency or consumer bureau, or any party listed here to endorse as true my statements made herein. I further agree to have them verify my references.***

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title: \_\_\_\_\_

July 14, 2022