

# BUSINESS INTAKE FORM

## APPLICANT INFORMATION

Business Name:

Address:

Suite:

City:

State:

ZIP Code:

Own  Rent  Not Secured

## PRIMARY CONTACT

First:

Last:

Title:

Work Phone:

Cell Phone:

E-mail:

## SECONDARY CONTACT

First:

Last:

Title:

Work Phone:

Cell Phone:

E-mail:

## BUSINESS STATUS

Category:  Retail  Restaurant  Office  Medical Office  Salon/Beauty/Spa  Fitness Studio/Gym  
 Art gallery/Studio  Manufacturing/Industrial  Convenience Store  Nonprofit  Hotel/Motel

Date Opened:

Date Closed:

Credit Cards accepted:  Amex  Disc  MC  Visa

## HOURS OF OPERATION

	MON	TUE	WED	THU	FRI	SAT	SUN
Open							
Closed							

Notes:

## RETAIL JOB TRACKING

	Total Jobs	Morning	Mid-day	Sun-Thu	Fri-Sat	Night	Late Night
Full Time							
Part Time							

Notes:

## RESTAURANT JOB TRACKING

	Morning 6-11:45am	Mid-day 12-4:45pm	Sun-Thu 5-9:45pm	Fri-Sat 5-9:45pm	Night 10-1:45am	Late Night 2-5:45am	Closing Time
Full Time							
Part Time							

Total Occupancy IN/OUT seats:

Notes:

## PARKING

Parking type:  On-site  Street  Valet

Total Cars:

Total Bikes:

Parking description:

## PROPERTY

Property ID:

Floor:

Rent/Month:

Lease:

Sq Feet Total:

Lease Type:

Starts:

Sq Feet 1<sup>st</sup> Floor:

Sq Feet 2<sup>nd</sup> Floor:

Ends:

## FOR OFFICE USE ONLY

Contact ID:

SIC Code:

Cluster:

Block:

Notes:

