

TENANT APPLICATION

Siletz Tribal Business Corporation 2120 NW 44th Street: Suite D Lincoln City, OR 97367

Office: (541) 994-2142 • Fax: (541) 994-8973

General Information

Operating Business Name:								Tax ID Numl	ber:
Mailing Address:			Contact Person:				E-mail:		
Physical Address (if differen	t):				Phone No:		Fax No:	<u> </u>	
County:						Current For Equivalent	 Ill Time Employe	es:	
Form of Operating Business	_	- -	1			Jobs Creat Resulting f			
Sole Proprietor State in which organized:		Sinc	e:	☐ Sī	ub S-Corporation	1			
Name and Form of Holding Name:	Company or Enti	· <u> </u>	_						
State in which organized:		Since	ole Proprietor	Partne	ership 🖵 LL	C Gorp	oration	☐ Sub S-	Corporation
Ownership Infori				low fo	r each busines	s a part of this	applicat	ion.	
	Title	% of Owner-	Driver's License	Soc	ial Security	Date of Birt	h		
Business Owners	Manager, Partner)	ship	# and State		Number	Date of Birt	1		
References	1			•		1	- 1		
Type	Name			Address			P	Phone	
Bank									
Attorney									
Accountant									
Insurance Co.									
Personal (not related)									
Relative									

Financial Information

Please attach the following financial information to the application or ensure they are included in your business plan. You may use any generally accepted format or pro-forma templates.

Historical Financial Statements:

Existing Businesses

Balance Sheets and Income Statements (or tax returns) for last 3 years. Interim Balance Sheet and Income Statement dated within 90 days.

<u>All Owners or Guarantors</u> Personal financial statement dated within 90 days, detailing personal assets and liabilities, as well as sources and uses of personal income.

Printed Name:

Title:_____

Pro-forma Financial Statements:

New or Significantly Expanding Businesses

Financial projections for two years composed of

- 1. Monthly detailed Cash Flow Statements
- 2. Income Statements

Printed Name:

Title:

3. Balance Sheets

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List of Collateral	A 3.3	<u> </u>	T			
Description	Address or Model and Serial Number	Value	Method of Valuation			
Description	1120001 11110 5011111 1 (111111111111111111	\$	112011011011 (1111111111111111111111111			
		\$				
		\$ \$				
		\$ \$				
	Total Value:	\$				
Total Value: \$						
(all corporation hereinafter collectively referred to as "Thereinafter referred to collectively as "Pausiness and Credit Information: The information about the TENANT from finall confidential information received wing and attorney, and other persons listed in MANAGER. Furthermore, TENANT at their creditworthiness, to disclose such it MANAGER to provide information condiscretion.	and executed by	may receive confide or other sources. Prosons or agencies, of d verbally or in writell as any other sources agent. TENANT fors or reporting agent	ers, agents and attorneys are ntial business, financial, and credit ROPERTY MANAGER agrees that ther than, TENANT'S accountant ten form by PROPERTY rece of information pertaining to further authorizes PROPERTY ncies at PROPERTY MANAGERS			
do so by all individuals, partnerships, pa application. Furthermore, TENANT ce disclosed all relevant information to PR	artners, corporations, members or other individentifies that the statements and representations in OPERTY MANAGER for processing of TEN.	uals or legal entities nade herein are true ANT application.	that are a party to this TENANT			
	day of					
TENANT:	TENANT:					
By:	By:					