

CITY OF SANTA MONICA
AIRPORT DIVISION
LEASE/LICENSE APPLICATION

Date: _____

Proposed Premises: _____

1. Applicant's Name: _____

2. Legal Name of Business: _____

3. Form of Organization: Individual _____ Corporation _____ Partnership _____ Other _____

4. If corporation, please complete the following:

Organized Under Laws of _____ Calif. Permit No. _____ Dated Organized _____

Head Office Located _____

5. Current Business Address: _____

6. Prior Business Address: _____

7. Business Phone Number: _____

8. Business FAX Number: _____

9. Applicant's E-mail Address: _____

10. Business Web Site Address: _____

11. Principal(s)/Owner(s)/Officer(s):

Name

Home Address

Home Phone

Title

Other Phone

a) _____

b) _____

c) _____

d) _____

e) _____

12. Is each of the above listed principals of the firm a U.S. Citizen? YES NO
13. Have any of the firm's principals had any judgements, liens, or bankruptcy filed against them? YES NO
14. Have any of the firm's principals ever been a defendant of an unlawful detainer lawsuit? YES NO

15. Number of Employees to be Based in Premises: _____

16. Number and Types of Vehicles to be Based in Premises: _____

17. Describe the Proposed Use of Premises:

18. Proposed Hours of Operation: _____

19. State whether, as an applicant for this permit, you have ever adjudged a bankrupt or involved in a Bankruptcy Act proceeding as a debtor ("applicant" can mean corporation, close corporation, Partnership, other type of association or individual): _____

20. Santa Monica Business License Number (if applicable): _____

21. Number of Years in Business (if applicable): _____

22. In case of afterhours emergency – name and phone number of two persons to be contacted:

Name\Phone _____

Name\Phone _____

23. Liability Insurance (Name, Address and Phone Number of Agent or Carrier, Policy Number):

Attached hereto:

- An informal resume of applicant's experience in the particular line of business, if applicable, covered by this application.
- A check for \$50, payable to the City of Santa Monica, in order to pay for the required credit check (**except for tie-downs**).
- A copy of the Certificate of Good Standing from the California Secretary Of State for the corporation or LLC listed on the application if applicable.

It is understood that, if this application is accepted, the following insurance requirements may be contained in a lease or permit to be granted. The insurance requirements are subject to change dependent on the use.

- | | | |
|----|---|------------------------------------|
| 1) | Comprehensive or Commercial General Liability with a minimum combined single limit of | |
| | \$1,000,000 | |
| 2) | Fire insurance in an amount sufficient to replace structures and improvements | |
| 3) | Worker's Compensation and Employer's Liability | \$1,000,000 |
| 4) | Tenant Improvements/Betterments Insurance | 100% of Value of Improvements |
| 5) | Personal Property Insurance | 100% of Value of Personal Property |

The City of Santa Monica reserves the right to require further information as a condition to the consideration of this application.

THE REPRESENTATIONS OF FACT CONTAINED IN THIS APPLICATION ARE CONSIDERED PART OF THE LEASE AND ARE TRUE AND CORRECT. IF ANY OF THE INFORMATION HEREIN CONTAINED IS DISCOVERED TO BE FALSE OR MISLEADING, THE LEASE MADE ON THE STRENGTH OF THIS APPLICATION MAY, AT THE OPTION OF THE CITY BE TERMINATED AT ANY TIME.

Conditions and Information

All pages of this lease application must be signed by all persons who will sign the lease agreement. The completing of this application by Tenant and the acceptance of this application by the City of Santa Monica ("City") creates no obligation of the City to approve the application.

By signing below, applicant(s) agree that the information disclosed herein is true, complete and accurate to the best of the applicant's knowledge, and applicant agrees that the information disclosed by herein is material to the City's decision with respect to granting or denying Tenant's application to enter into an occupancy agreement. Applicant authorizes the City of Santa Monica and/or its agent to verify and make whatever inquiries it considers necessary and appropriate concerning the information provided in this application. Further, credit references shown herein are authorized to provide information to the City of Santa Monica. It is understood that references include, but are not limited to, credit checks, unlawful detainer checks, and tele-credit checks.

Signature of Applicant

Name: _____ Date: _____

Please return this application and all relevant supporting materials or required attachments, such as copies of Santa Monica Business License, Certificate of Insurance, credit reports, budgets, drawings of proposed renovations, etc. to:

**Kriss Casanova
Santa Monica Airport
3223 Donald Douglas Loop South
Santa Monica, CA 90405
Telephone 310.458.8591
Fax 310.572.4495**