



Name: _____ Title: _____

Company Name: _____ Company Owner: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Description of your business:

List name(s) and title(s) of person(s) who will be using the office:

Year business started: _____ Yearly Gross Revenue: \$ _____

Company Structure:

- Sole Proprietor (List social security number: _____)
- S-Corp (List your EIN _____)
- Incorporated (List your EIN _____)

How did you hear about Gove Business Center?:



Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Home is: Owned Rented Name of Landlord: _____

Phone: _____

Current Employment (Company Name): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List 3 Company References (contact, company name, phone or email):

1. _____

2. _____

3. _____

The information contained in this application is true and correct, and is supplied to obtain rental space from Gove Business Center. I authorize the Gove Business Center to verify any and every aspect of the information in the application and any additional information that you may require in connection with this application. I authorize a credit check to be run for the above subscriber for the purpose of: _____.

(Applicant's Signature)

(Date)