



# Commercial Rental Application

Professional Property Management  
100 W Franklin, Suite 200  
Minneapolis, MN 55404  
PH 612-871-4545

Completed forms may be dropped off at our office  
or emailed to: [dpoyerd@spaceunlimited.com](mailto:dpoyerd@spaceunlimited.com)

### Current Business Information

Business Name: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Type of Business & Use of Space: \_\_\_\_\_

Address and Unit # of Space Interested in: \_\_\_\_\_

Current Business Address: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Web Address: \_\_\_\_\_ Rented From: \_\_\_\_\_ to \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason Leaving: \_\_\_\_\_

### Personal Information

#1 Name of Owner: \_\_\_\_\_  
First MI Last

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone : \_\_\_\_\_

E-Mail: \_\_\_\_\_

#2 Name of Owner: \_\_\_\_\_  
First MI Last

SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Have You or Your Business Ever?

Been served with an eviction notice? YES NO Been Arrested for any Reason? YES NO Filed for bankruptcy? YES NO discharged: \_\_\_\_\_

Refused to pay rent when due? YES NO If YES please explain (include dates) \_\_\_\_\_

With my signature I authorize Space Unlimited to run my credit and verify the above information.  
With submission of application, I agree to pay \$85 (non-refundable) application fee.  
With submission of application, I agree to pay Security Deposit equal to one month Base Rent.  
At the time of signing the lease, I agree to pay 1<sup>st</sup> month's rent.  
Please provide a copy of your driver's license along with this application.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date