

**IDENTIFICATION/APPLICANT**

PLEASE PRINT

Legal Name Of your Business: \_\_\_\_\_

Date Business Registered: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Have you ran your business under another name before? Y / N

If Yes, what name(s)? \_\_\_\_\_

Full Business Billing Address: \_\_\_\_\_

Duration at this Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

No. of Locations/Branches: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Name of Present Landlord: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_ Present Monthly Rent: \$ \_\_\_\_\_

Where this application is for a Commercial Tenancy, please describe the nature of your business:

Where this application is for a Commercial Tenancy, please state your reason for moving: \_\_\_\_\_

**YOUR BANKER**

Name of Your Bank: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_ Account No.#: \_\_\_\_\_

Contact/Account Manager: \_\_\_\_\_ How Long at this Bank: \_\_\_\_\_

If you move into 2275 Lake Shore Blvd W, would you be switching to the RBC bank in the building? Y or N

**YOUR SUPPLIERS**

Name & Address: _____	Name & Address: _____	Name & Address: _____
Name of Contact: _____	Name of Contact: _____	Name of Contact: _____

**PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS**

First & Last Name of Principal/Owner/Operator: \_\_\_\_\_

\*Please provide photo identification (Driver's License, Passport)

Date of Birth (Mm/Dd/Yy): \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

Full Residential Address: \_\_\_\_\_

Duration at this Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Rent: \_\_\_\_\_ OR Own: \_\_\_\_\_ (Please check one)

Full Previous Address: \_\_\_\_\_

The company/applicant and the undersigned hereby authorizes the Bank or Financial Institution identified above, the suppliers and all business related parties noted herein to release and exchange credit/banking/financial, personal and other information to Westview Properties. and their affiliates. The principal/owner/operator referred to herein takes notice that reports will be sought by Westview Properties and their aforementioned containing personal information, credit information, etc. and he/she hereby consents to the receipt, disclosure and exchange of such information to other business related parties and consumer reporting agencies. The undersigned declares that the information provided in this application is true in its entirety and agrees to pay this account in accordance with the terms of any eventually negotiated lease:

**TERMS** (Subject to Approval): \_\_\_\_\_

**Proof of good credit:** If your application is deemed acceptable, are you prepared to provide proof of your current credit rating? I.e. Equifax credit rating, or equivalent?      **YES**      or      **NO**

Prospective applicants should be made aware that for relatively new, small, companies, as well as a myriad of other reasons, the majority of leases will not be written in solely the company's name, but most likely be written up in the name of the individual person taking the space.

Required: 2 Government Issued Photo ID's (I.e. Driver's License, Passport, Health Card, etc.)

\_\_\_\_\_  
Signature of Principal/Owner of Business

\_\_\_\_\_  
Print Name of Person who signed this Application

Title/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**The following expected use calculations allow us to judge the impact of every tenant moving into the building to make sure that the building is not over used and that the new tenant does not negatively impact the rest of the building. If a tenant's use significantly increases from the following intended use, the Landlord can adjust the rent accordingly.**

***Expected Use Calculations:***

Staff use calculations:

The number of people that will be in the property: \_\_\_\_\_

Total number of sets keys required: 1 2 or \_\_\_\_\_

The number of parking spots required for staff:  0  1  2 or \_\_\_\_\_  
(If parking is required for 2 or more staff, you may be assigned tandem parking spaces)

Client use calculations:

The number of expected guests per day, per week, per month:

Per day: \_\_\_\_\_ Per week: \_\_\_\_\_ Per month: \_\_\_\_\_

Do your guests come as:

- Individuals or
- Groups If so, how large are the groups: \_\_\_\_\_

Do you expect your guests will require parking: \_\_\_\_\_

Hours of operation:

What hours do you typically expect to be in the office: \_\_\_\_\_

How many days per week do you expect to be in the office: \_\_\_\_\_

Do you expect to be in the office during evenings/after hours? Y or N (circle one)

Do you expect to be in the office on weekends or Stat holidays? Y or N (circle one)

If Yes to the previous two questions, please elaborate: \_\_\_\_\_

\_\_\_\_\_

Once this application is complete, it can be emailed to head office at: [info@2134office.com](mailto:info@2134office.com)