

PIER 39

P.O. Box 193730
San Francisco, CA 94119-3730
Phone (415) 705-5500 Fax (415) 981-8808

**Please print and mail/fax application to the contact information listed above.
Include all requested attachments.**

Tenant Application

COMPANY NAME:

Address: State: Zip:

City:

Federal Tax ID Number:

NAME OF CONTACT/PRINCIPAL:

Telephone Number: Fax Number:

Cellular Number: Email Address:

Which of the following best describes your organization? Please check one.

Corporation Sole Proprietorship Limited Liability Company

Partnership Limited Partnership

Please provide the name and address of each owner (shareholder, partner, member, ect.) indicating for each the percentage of ownership.

Name: % Ownership:

Address:

City: State: Zip:

Telephone Number: E-mail Address:

Social Security Number: Driver's License Number:

Name: % Ownership:

Address:

City: State: Zip:

Telephone Number: E-mail Address:

Social Security Number: Driver's License Number:

Name: % Ownership:

Address:

City: State: Zip:

Telephone Number: E-mail Address:

Social Security Number: Driver's License Number:

In addition, please provide the name of each officer, managing member and managing partner.

Name:

Address:

City: State: Zip:

Telephone Number: E-mail Address:

Name:
Address:
City: State: Zip:
Telephone Number: E-mail Address:

Name:
Address:
City: State: Zip:
Telephone Number: E-mail Address:

TRADE NAME OF PROPOSED BUSINESS:

Please provide a description of your business and identify clearly the merchandise/services to be sold/provided at PIER 39.

Do you have any current business locations? Yes No

If you answered "yes," please provide the following information for each location.

Name:
Address:
Telephone Number:
Landlord's Name: Telephone Number:

Name:
Address:
Telephone Number:
Landlord's Name: Telephone Number:

Name:
Address:
Telephone Number:
Landlord's Name: Telephone Number:

Are you seeking a short-term lease **seasonal lease** **long-term lease**

How much space are you seeking? 100 – 400 sq. ft. 401 – 800 sq. ft.
801 – 1,200 sq. ft. 1,201 + sq. ft.
Cart Kiosk

When would you anticipate occupying the space?

When would you anticipate opening?

PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING:

1. A Business Plan for your Proposed Business at PIER 39
2. Two Years of Financial Statements (one of the following): Profit & Loss, Balance Sheet, Cash Flow for Corporation or Tax Returns
3. Six Months of Most Current Bank Statements
4. Investment Account Statements for Past Three (3) Most Recent Months

Name of Bank	Address	Account No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant represents that all of the above statements (and attachments) are true and correct and hereby authorizes verification of the above items (and attachments) including, without limitation, the obtaining of a credit report and agrees to furnish credit references upon request.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

MARKETING PLAN

What type of packaging will be used (bag, box, etc.)?

Are any special services offered?

Who is your target customer?

Type of Customer

Age Range

Household Income

Lifestyle

What are your plans for advertising?

Do you have a current mailing list or plan to create one?

How would you like to participate in PIER 39 events and promotions?

What are your expansion plans?

Why will customers buy your product and what will make your business memorable?

Why do you feel that PIER 39 is the right location to sell your product?

Please return this completed form along with any other additional information you would like to submit in consideration of your proposal for a retail location at PIER 39. Include brochures of your products and/or photos of your business (only items that we may keep on file.)

Thank you.

Contact Name:

Address:

Phone No.:

Fax:

Email address:

PERSONAL FINANCIAL STATEMENT

(JOINT FINANCIAL STATEMENT MUST INCLUDE HUSBAND AND WIFE)

(TIME PERIOD)

Name:

Address:

Social Security Number:

City:

State:

Zip:

Driver's License Number:

ASSETS

CASH ON HAND AND IN BANK \$ _____

RECEIVABLES (NET) \$ _____

INVENTORIES \$ _____

PREPAID EXPENSES \$ _____

PERSONAL PROPERTY \$ _____

REAL ESTATE \$ _____

PLANTS & EQUIPMENT \$ _____

ACCUMULATED DEPRECIATION \$ _____

AUTOMOBILES \$ _____

OTHER INVESTMENTS & MISCELLANEOUS ASSETS \$ _____

COMMON STOCKS HELD \$ _____

LIMITED PARTNERSHIPS \$ _____

IRA's \$ _____

CASH VALUE ON LIFE INSURANCE \$ _____

VESTED INTERESTS IN PENSION PLANS \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

REAL ESTATE MORTGAGES \$ _____

AUTOMOBILE LOANS \$ _____

NOTES PAYABLE TO BANKS & OTHER LAND CONTRACTS \$ _____

LOANS ON LIFE INSURANCE \$ _____

ACCOUNTS AND BILLS DUE (INCLUDE CREDIT CARDS) \$ _____

UNPAID TAXES \$ _____

OTHER LIABILITIES – ITEMIZE \$ _____

TOTAL LIABILITIES \$ _____

NET WORTH (TOTAL ASSETS LESS TOTAL LIABILITIES) \$ _____

I certify that all statements made above are true and correct. I also certify that I will immediately notify the requesting entity to which I submit this statement, of any change in employment status or significant change in my financial picture. (All parties must sign below.)

Signature _____ Date _____ Signature _____ Date _____