

COMMERCIAL APPLICATION FORM DANIEL'S HEAD

APPLICANT – PERSONAL:

TITLE: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___

Date: _____

LAST

FIRST

MIDDLE

DATE OF BIRTH

ADDRESS:

HOME PHONE

WORK PHONE

CELL

EMAIL

BUSINESS INFORMATION:

NAME OF BUSINESS AND ADDRESS

PHONE

BUSINESS CELL

BUSINESS EMAIL

HOW LONG IN BUSINESS: _____

TYPE OF BUSINESS: _____

BUSINESS REFERENCES: - Owner Name, Phone numbers and address:

INFORMATION REQUIRED BY PROPOSER:

BUILDING AND OR YARD REQUIREMENTS:

Building: _____ Space Requirements (square footage): _____

Purpose of Use: _____

Yard space requirement (square footage): _____

Use: _____

Term length: April to September

Are you willing to take the space in "as is" condition?: _____

Other – please specify: _____

Second Choice Building/Yard: _____

Operating Hours at Building: _____ Staff count: _____

LEASE REQUIREMENTS:

Please provide a business plan that includes, but is not limited to the following:

- ❖ Staff Salaries
- ❖ Business Acumen
- ❖ Customers (what type of customers you hope to draw with your business)
- ❖ Expenses (Monthly)
- ❖ Sales Projections (if sale based company)

CREDIT INFORMATION

Bank/Credit Reference: _____ Phone: _____

Bank/Loan Officer: _____ Phone: _____

Bermuda Economic Development Officer: _____ Phone _____

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DISCLOSURE:

Do you have any business or familial relationship with anyone on the BLDC staff: Yes ___ No ___

If yes, kindly advise the staff member and relationship: _____
