

APPLICATION & QUESTIONNAIRE

1. Name of Applicant: _____

2. Principal Business Address: _____

Phone: _____ Fax: _____

3. Name of Official Representative: _____

Title: _____

Address: _____

4. Type of Entity:

- a. Sole Proprietorship Limited Liability Company
 Corporation Partnership

If company is a corporation, is applicant a subsidiary? Yes No
If yes, please provide name and address of Parent Corporation:

b. If applicant is a corporation, complete the following:

Date of Incorporation: _____

State Incorporated: _____

If not a Florida Corporation, date of registration with Florida Secretary of State along with name and address of Florida Registered Agent:

c. If Partnership, complete the following:

Date of Organization: _____

General or Limited Partnership: _____

Name and address of each Partner:

Name

General/Limited Partnership

Address

(Attach a copy of: Partnership Agreement and if applicable, the certificate evidencing compliance with the Florida Fictitious Name Statute).

5. Bank References:

Bank

Address

6. The Department reserves the right to request the financial statements of the corporation, partnership or individual making application for lease or contract. If the corporation or partnership is newly formed for the purpose of this lease or contract and not in business for a period of time greater than one year, the Department reserves the right to request the financial statements of stockholders of the corporation or the partners in a partnership of those holding more than 5% ownership interest in such partnership or corporation. In addition, the Department also reserves the right to review financial statements, or any other material presented to a bonding company for the purpose of obtaining a Performance Bond.

7. The Applicant(s) understands that the information contained in this Application and Questionnaire Form is to be relied upon by the County in its consideration for entering into lease or contract and such information is warranted by the Application(s) to be true. The undersigned agrees to furnish upon request any additional information as may be required by the County.

8. The Applicant(s) understands that the County has the right to verify the information submitted and to seek any additional information relating to the Applicant(s). The discovery of any misrepresentation, which, in the sole opinion of the County, materially affects the qualifications of the Applicant to perform under the lease or contract, without liability shall result in the County's withdrawal of its offer to enter a lease or a contract.

9. The Applicant(s), if a corporation, must be authorized to do business in the State of Florida and must be incorporated under the laws of one of the States of the United States.

10. Please select the airport you are interested in:
- | | |
|--|--|
| <input type="checkbox"/> Miami International Airport | <input type="checkbox"/> Miami Opa-locka Executive Airport |
| <input type="checkbox"/> Miami Executive Airport | <input type="checkbox"/> Miami Homestead General Airport |

11. Specify the type and amount of space needed (Offices, Warehouses, Ramps, Etc.)

12. Purpose of which applicant intends to use space (attach additional sheets if necessary):

13. Land Facility Rate: Published/Appraised Yes No
 Bid Yes No
 Less than published
 (If less than published basis for reduced payment, true up) Yes No
 Use additional sheets if necessary _____

14. Address/Folio Number/Building & Suite number/Parcel ID: _____

15. Number of years of experience applicant has had in operation of similar business: _____

16. Will any of the operation be provided by a 3rd party Yes No

17. Number of employees at the requested location: _____

18. Give the names, locations, and dates of operation of similar business conducted by applicant in the last 5 years.

<u>Name of Company</u>	<u>Location</u>	<u>Type of Business</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____

If development or construction is contemplated, please answer the following:

19. Provide the estimated project construction and operating costs, as well as the funding source: (if applicable):

20. Provide the estimated period for the construction/ renovation process, including development timeframe (if applicable):

21. Describe the type of building, renovation, development contemplated (if applicable):

22. How will the space contribute to the interest of the community? _____

23. Provide the names of personnel, developers, contractors, and consultants (if applicable):

APPLICANT:

Name:

Title:

Date:

Signature: