## **APPLICATION & QUESTIONNAIRE**

Nan	ne of Ap	oplicant:							
				Fax:					
а.		Individual		Partnership		]	Corpo	oration	
		is a corporation, se provide name		nt a subsidiary? ss of Parent Corporati		es		No	
b.	If ap	plicant is a corpo	ration, con	nplete the following:					
Whe	en Incor	rporated:							
In w	hat Sta	te:							
		rida Corporation, s of Florida Regi		gistration with Florida S ent:	Secretary	of S	tate al	ong with I	name
C.	If Pa	rtnership, comple	ete the follo	owing:					
Date	_								
	e or Org	ganization:							

Name and address of each Partner:

	<u>Name</u>	General/Limited	<u>l Partnership</u>	<u>Address</u>
	(Attach a copy of: Particompliance with the Flori			le, the certificate evidencing
5.	Bank References:			
<u>Bank</u>		<u> </u>	<u>Address</u>	
				_

- 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.					I to do business in the Si ates of the United States	
10.	Pleas	Miami Inte	airport you are interest rnational Airport ımiami Airport	ed in:	Opa-locka Airport Homestead Airport	
11.	Purpo	ose of which	applicant intends to use	e space:		
12.	Specif	fy the amou	nt of space needed (Off	ices, Wareh	ouses, Ramps, Etc.)	
13.	Numb	per of years	of experience applicant	has had in o	operation of similar busir	ness:
	0:	the names	locations and dates op	eration of s	imilar business conduct	ed by applicant in
14.		st 5 years.				
	the la		<u>Location</u>		Type of Business	<u>Date</u>
	the la	st 5 years.	<u>Location</u>		Type of Business	<u>Date</u>
	the la	st 5 years.	<u>Location</u>		Type of Business	<u>Date</u>
	the la	st 5 years.	<u>Location</u>		Type of Business	<u>Date</u>

	an estimated period of the construction/ renovation process, including oment timeframe: if applicable
Describ	e the projected ideas for building, renovations, and development: if applicable
How wil	Il space contribute to the interest of the community?
Provide	names of personnel, developers, contractors, and consultants: if applicable
APPLIC	CANT:
Name:	
Title:	
Signatu	

NOTE: An Officer or Owner(s) must sign all questions or requests for information. If development or construction is complete, please answer the following: