

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 a company is a corporation, is the 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 Applicant(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:

Miami International Airport

Miami Opa-locka Executive Airport

Miami Executive Airport

Miami Homestead General Airport

11. Purpose of which applicant intends to use space:

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

13. Address/Folio Number: _____

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

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

Name of Company

Location

Type of Business

Date

16. Provide an estimate of the project construction and operating costs, as well as the funding source: if applicable

17. Provide an estimated period of the construction/ renovation process, including development timeframe: if applicable

18. Describe the type of building, renovation, contemplated development: if applicable

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

20. Provide names of personnel, developers, contractors, and consultants: if applicable

APPLICANT:

Name:

Title:

Signature:

Date:

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