



**APPLICATION & QUESTIONNAIRE**

1. Name of Applicant: \_\_\_\_\_

2. Principal Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Official Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

4. a.  Individual  Partnership  Corporation

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:

When Incorporated: \_\_\_\_\_

In what State: \_\_\_\_\_

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 or 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:

<u>Bank</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) understand(s) 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 into 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

Kendall-Tamiami Airport

Opa-locka Airport

Homestead Airport

11. Purpose of which applicant intends to use space:

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12. Type and amount of space needed (Offices, Warehouses, Ramps, etc.)

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13. Number of years of experience applicant has had in operation of similar business: \_\_\_\_\_

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

Name of Company	Location	Type of Business	Date
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**APPLICANT:**

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature:

**NOTE: An Officer or Owner(s) must sign all questions or requests for information**