

PUBLIC STORAGE

APPLICATION

Identity	NAME			LAST	FIRST	MIDDLE	Soc. Sec. #			DOB	
	SPOUSE'S NAME			LAST	FIRST	MIDDLE	Soc. Sec. #			DOB	
	Legal Name of Business						Years in Business:				
	Doing Business As (if any)					Other DBA's					
	Fed Tax ID #					WEBSITES:					
	IS COMPANY A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP						LICENSE Number:				
	WHEN INCORPORATED:					WHERE:					
	Nature of Business and Items to be sold or services provided:										
	DRIVERS LICENSE NO.						MOBILE				
	Home Address					CITY		STATE		ZIP	
	Business Address					CITY		STATE		ZIP	
	EMAIL ADDRESS					PHONE					
	(If less than two years, give former address.)										
	Length of Residence			<input type="checkbox"/> OWN <input type="checkbox"/> Rent		Amt. Monthly Payment \$					
	Former Residence			PHONE		<input type="checkbox"/> OWN <input type="checkbox"/> RENT		How Long			
CITY			STATE			ZIP					
PREVIOUS LANDLORD						PHONE					
Do you pay any spousal or child support? If so, how much? Spousal Support \$					Child Support \$						
Present Employment and Other Income	PRESENT EMPLOYER Self						PHONE				
	ADDRESS			ZIP			Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance				
	How Long Employed: Years		Months		Position						
	Income: Per Year \$		Variable		Supervisor						
	Other Income: \$		Per Year \$								
Source of Other Income											
Previous Employment (If present employment less than 2 years)	PREVIOUS EMPLOYER						ADDRESS				
	Position		Income \$		From:		To:				
	Supervisor		Phone		Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance						
Current business ownership information	LIST OFFICERS, PARTNERS OR OWNERS										
	TITLE/ % OWNERSHIP		/ %		/ %		/ %				
	NAME										
	ADDRESS										
	CITY,STATE,ZIP										
	DRIVERS LICENSE NO.										
	SOC. SEC. NO.										
DATE OF BIRTH											
List the name and address of each partnership, corporation, or proprietorship in which you were a general partner in the past 5 years.	NAME			NAME			NAME				
	ADDRESS			ADDRESS			ADDRESS				
	% of Ownership			% of Ownership			% of Ownership				
	POSITION			POSITION			POSITION				
Spouse's Employment	PRESENT EMPLOYER						PHONE				
	ADDRESS			ZIP			Nature of Bus. <input type="checkbox"/> Service <input type="checkbox"/> Mfg. <input type="checkbox"/> Finance				
	How Long Employed: Years		Months		Position						
	Income: Per Year \$				Supervisor						

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Personal Assets	Autos: Yr. Make Lic. #			<input type="checkbox"/> Financed	Yr. Make Lic. #			<input type="checkbox"/> Financed
				<input type="checkbox"/> Clear				<input type="checkbox"/> Clear
	Value Furniture \$		Value Personal Effects \$		Stocks & Bonds \$			
	Value of Real Estate Owned \$			Address				
Other Assets \$			Description					

Business Assets	Autos: Yr. Make Lic. #			<input type="checkbox"/> Financed	Yr. Make Lic. #			<input type="checkbox"/> Financed
				<input type="checkbox"/> Clear				<input type="checkbox"/> Clear
	Value Furniture/Office Equip \$		Accounts Receivable \$		Monthly Sales Projection \$			
	Annual Sales Projection \$			Previous Years Gross Sales \$				
Other Assets \$			Description					

Banking and/or Sav. & Loan Connections	Bank		Sav. #	\$	
	Address		Zip	Ckg. #	
	Phone		Contact	Loan #	\$
	Bank		Sav. #	\$	
	Address		Zip	Ckg. #	
	Phone		Contact	Loan #	\$

Legal	Have you ever filed Bankruptcy? No Year: County & State
	Have you ever had any suits, judgements, liens or repossessions? Year: County & State

Business Credit References	BUSINESS CREDIT REFERENCES			
	NAME	ADDRESS AND CITY		ZIP
	PHONE	HOW LONG?	CONTACT	RATING
	NAME	ADDRESS AND CITY		ZIP
	PHONE	HOW LONG?	CONTACT	RATING
	NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING	

General Questions	Do you have existing locations? Y N	If Yes List address:
	Have you leased a commercial location in the last five years? Y N	If Yes List address:
	Approximate Net Worth \$	

	NAME, ADDRESS & PHONE	ACCOUNT NO.	DATE OPEN	HIGH CREDIT MO.	PMTS.	BALANCE
	Credit References					
Open/Closed						
Mortgage & Finance						
Loans Stores						
Other						

Applicant Represents that statements made above are true and correct and hereby authorizes verification of references.

_____	_____	_____	_____
SIGNATURE	DATE	SIGNATURE	DATE

Additional requirements with submission of application:

1. Please attach a financial statement or bank statement

2. Copy of Driver's License

Insurance Requirements (please note all line items may not apply)

Certificate of Insurance needs to be supplied at time of lease signing

**COMMERCIAL LEASE
INSURANCE REQUIREMENTS**

GENERAL REQUIREMENTS:

General Liability	\$1,000,000 Per Each Occurrence
General Aggregate Applied:	\$2,000,000
Workers Compensation	In accordance with City, State requirement
Employer's Liability	\$1,000,000 per Occurrence <u>required ONLY if you have employees.</u>
Automobile Liability:	\$500,000 for Owned, non-owned and hired motor vehicles
Garage Liability	\$2,000,000 <u>required ONLY if you store or perform work on vehicles on the premises.</u>

ALL Certificates of Insurance shall have the following wording under Description of Operations related to Additional Insured:

“Public Storage and the Owner of the Property (if different than Public Storage) are named as additional insured’s with respect to all activities related to insured’s business at the Property”

All Certificates must carry a 30-day cancellation notification

*****Your name as Tenant must be the same on all paperwork you submit to Public Storage*****

Certificates of Insurance should be sent to:

**Public Storage
c/o Cathy Rosczewski
PO Box 25008
Glendale, CA 91221-5008**