

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					

Financed Clear Yr. Make Lic. # Financed Clear

Personal Assets	Autos: Yr. Make Lic. #		Yr. Make Lic. #		
	Value Furniture \$		Value Personal Effects \$		Stocks & Bonds \$
	Value of Real Estate Owned \$		Address		
	Other Assets \$		Description		

Financed Clear Yr. Make Lic. # Financed Clear

Business Assets	Autos: Yr. Make Lic. #		Yr. Make Lic. #		
	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**