



LLC Date:

126 MAIN ST. SUITE A
CLARKSVILLE, TN 37040
OFFICE (931) 538-6049 FAX (931) 233-0300
millanenterprises.com

COMMERCIAL RENTAL APPLICATION

DATE: _____

Applicant/Principal Information

Full Name: _____ FIRST
MIDDLE LAST

Home Address: _____
STREET CITY STATE ZIP

How long at present address: _____ Landlord name & #: _____ DOB:

_____ Social Security No.: _____ Home

Phone:(____)_____ Cell Phone:(____)_____ Business/Fax:(____)_____

Employer: _____ Address: _____ Position:

_____ Supervisor: _____ Monthly Income: _____

Co-Applicant Full Name: _____ FIRST
MIDDLE LAST

Home Address: _____ STREET
CITY STATE ZIP

DOB: _____ Social Security No.: _____ Home

Phone:(____)_____ Cell Phone:(____)_____ Business/Fax:(____)_____

Company Name: _____ Please

Choose One: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ Other _____

Current business address: _____ STREET
CITY STATE ZIP

How long at present address: _____ Rent/Own: _____ Landlord Name/#: _____ Lease
terms: _____ Notice Given?: _____ Monthly Rent/Payment: _____

Type of Business (retail, restaurant, office space, etc.): _____ Years in
business: _____ Annual Sales/Revenue: _____ Tax ID #: _____

Description of business activities: _____

Do you have experience in this industry?: (describe) _____

Is your company licensed/authorized to do business in the state of TN?: ☐ Yes ☐ No Have you ever

had a business license revoked/suspended?: ☐ Yes ☐ No If licensing permits or certificates are

required to operate in the state of TN, please identify:

TYPE OF PERMIT/LICENSE: ISSUED BY: DATE: EXPIRATION:

1. Company Name: _____

Address: _____

STREET CITY STATE ZIP

Name of Contact: _____ Phone Number: _____ Type of

business: _____ Description of

business activities: _____

2. Company Name: _____

Address: _____ STREET

CITY STATE ZIP

Name of Contact: _____ Phone Number: _____ Type of

business: _____ Description of

business activities: _____

3. Company Name: _____

Address: _____ STREET

CITY STATE ZIP

Name of Contact: _____ Phone Number: _____ Type of

business: _____ Description of

business activities: _____

1. Name of Bank: _____

Address: _____ STREET
CITY STATE ZIP

Name of Contact: _____ Phone Number: _____

2. Name of Bank: _____

Address: _____ STREET
CITY STATE ZIP

Name of Contact: _____ Phone Number: _____ Do you have

a line of credit? ☐ Yes ☐ No (If yes, please provide details below)

Source Limit Name of Guarantor _____

I/We confirm that all the information I/we have supplied is true and correct. I/We understand that I/we can be turned down for the property if I/we have falsified any information on this application. I/We hereby authorize the verification of all above information by Millan Enterprises LLC. This application does not constitute a contract, lease or agreement or space.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

Co-Applicant's Name (Print): _____

Co-Applicant's Signature: _____ Date: _____



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Applicant Information Release

I hereby authorize any person or company I have listed as a reference on my lease application to disclose in good faith any information they may have regarding my qualifications and fitness for leasing at: _____. I will hold no company, any former employers, and any other person giving references free of liability for exchange of this information and any other reasonable and necessary information incident to the lease application process. I release this information to Millan Enterprises LLC representatives.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

Co-Applciant's Name (Print): _____

Co-Applciant's Signature: _____ Date: _____

BACKGROUND INVESTIGATION CONSENT FORM

Investigations By: CBCInnovis
12316 St. Andrews Dr. Suite B
Oklahoma City, OK 73120

The undersigned, _____ hereby gives permission to MILLAN ENTERPRISES, LLC and CBCInnovis, its employees, agents and it's designated members to complete a full investigation of my application by whatever means deemed necessary. This will include, but is not limited to, employment, including salary, rental verification, a credit report, criminal background search, education, references, MVR, Sexual Offense Registries, bankruptcy, and collection/ judgment verification and verifications of any other things deemed necessary. The undersigned further understands that any and all records found will be submitted to the requestor. Any misrepresentations or omissions can result in the declination of my application.

Full Name: _____ Nick

Names, Maiden Names, other Married Names: _____ DOB:

_____ SSN: _____ Driver's License No.

_____ State Licensed: _____ Current Address:

_____ Previous Address:

_____ All states lived in:

Applicant Signature: _____ Date: _____ Witness:

_____ Date: _____