

CENTER.CITY.KITCHEN

TRAVERSE CITY'S INCUBATOR KITCHEN

767 A Duell Road
Traverse City, MI 49686
231-218-9584

Rental Application

Name: _____

Spouse: _____

Name of business: _____

Product(s) interested in producing: _____

EIN #: _____

How long in business: _____

Present Address: _____

Phone Number: _____

Website: _____

Email Address: _____

Social Security Number: _____

Drivers License Number: _____

Previous Landlord: _____

Previous Landlord's Phone Number: _____

Credit References (banks, customers, vendors, etc.):

Personal References (non-family)

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Nearest Relative not living with you:

Name: _____ Address: _____

Phone: _____ Relationship: _____

Desired Length of Occupancy: _____

Desired Date of Occupancy: _____

Have you ever had a court judgment entered against you for damages or monies relating to rental properties? _____

Any other information/needs that you would like Center City Kitchen to know: _____

I hereby certify that the answers I have given in this application are true and accurate to the best of my knowledge. I understand any false answers to statements made by me on this application will be sufficient grounds for eviction, loss of security deposit, and or court action.

Date: _____

Applicant: _____