INDOOR STALL LICENSE APPLICATION
Findlay Market Facilities

Lessee Full Legal Name: _____

Lessee Full Legal Address: _____

_____

Trade Name/DBA: _____ Date Established/Incorporated: _____

Description of business: _____

Proprietorship: _____ Partnership: _____ Corporation: _____ Federal Tax ID: _____

Telephone: _____ FAX: _____ E-Mail: _____

Guarantors/Owners:	Address:	City	State	Zip	Social Sec. No.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

Credit References:	Address:	City	State	Zip	Telephone No.
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Bank References:	Address:	City	State	Zip	Account Number
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Credit Release:

I hereby certify that the information provided above is true and correct and authorize you to investigate all bank, credit, and trade references listed. I hereby authorize our banks, trade references, and financial institutions to release credit information to **Corporation for Findlay Market, Inc.**. I hereby authorize **Corporation for Findlay Market, Inc.** to obtain other credit information regarding the lessee business and owners listed above from any and all credit reporting bureaus.

_____ _____ _____

authorized signature | name (please print) | date