

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: Birth Date: _____ Federal Tax ID: _____

Telephone: _____ FAX: _____ E-Mail: _____

Guarantors/Owners:	Address:	City	State	Zip	Social Sec. No.
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1. _____

2. _____

3. _____

4. _____

5. _____

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

2. _____

3. _____

Bank References:	Address:	City	State	Zip	Account Number
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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 **The Corporation for Findlay Market**. I hereby authorize **The Corporation for Findlay Market** 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