

## Condominium Occupancy Application

Please complete this form completely and print all information legible. Return with an advance nonrefundable application processing fee of \$100.00 (Payable to Resource Real Estate Group).

Condominium Name: \_\_\_\_\_ Unit #'(s): \_\_\_\_\_ S/F: \_\_\_\_\_ Purchase  Lease

### **Business Information**

Business Name: \_\_\_\_\_

Officer(s): \_\_\_\_\_

Description of business operation(s): \_\_\_\_\_

Office Phone # ( ) \_\_\_\_\_ Office Fax # ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_ through \_\_\_\_\_  
(Time) (Days)

Does the company handle: (Circle one)

Flammable materials Yes or No

Hazardous materials Yes or No

Odorous materials Yes or No

If yes to any of the above, please describe in further detail: \_\_\_\_\_

Number of company vehicle(s): \_\_\_\_\_

Description of all company vehicle(s): \_\_\_\_\_

### **Emergency Contact Information**

Contact Person: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

### **Authorization**

My signature below authorize the Condominium Association noted above or its authorized agent to inquire into my personal background credit and history, also that of my present business. Applicant hereby warrants that the above information is correct.

X \_\_\_\_\_

Signature

Name: \_\_\_\_\_

\_\_\_\_\_

Date

Social Security #: \_\_\_\_\_

For Office Use Only

Approved \_\_\_\_\_ Rejected \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_/\_\_/\_\_



RESOURCE REAL ESTATE GROUP  
COMMERCIAL BROKERAGE | MANAGEMENT AND LEASING

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