Project _____ **Suite** _____

PUBLIC STORAGE APPLICATION

Identity

	LAST	FIRST	MIDDLE					
NAME				Soc. Sec. #			DOB	
	LAST	FIRST	MIDDLE					
SPOUSE'S NAME				Soc. Sec. #			DOB	
Legal Name of Business					Years in Business:			
Doing Business As (if any)			Other DBA's					
Fed Tax ID #			WEBSITES:					
IS COMPANY A: ☐ CORPORATION ☐ PARTNERSHIP ☐ PROPRIETORSHIP					LICENSE Number:			
WHEN INCORPORATED:			WHERE:					
Nature of Business and Items to be sold or services provided:								
DRIVERS LICENSE NO.				MOBILE				
Home Address			CITY		STATE		ZIP	
Business Address			CITY		STATE		ZIP	
EMAIL ADDRESS			PHONE					
	(If less than two years, give former address.)							
Length of Residence			☐ OWN	☐ Rent	Amt. Monthly Payment $			
Former Residence			PHONE		☐ OWN	☐ RENT	How Long	
CITY		STATE			ZIP			
PREVIOUS LANDLORD					PHONE			
Do you pay any spousal or child support? If so, how much? Spousal Support $					Child Support $			

Present Employment and Other Income

PRESENT EMPLOYER Self			PHONE		
ADDRESS		ZIP	Nature of Bus.	☐ Service	☐ Mfg. ☐ Finance
How Long Employed: Years	Months	Position			
Income: Per Year $	Variable	Supervisor			
Other Income: $	Per Year $				
Source of Other Income					

Previous Employment (If present employment less than 2 years)

PREVIOUS EMPLOYER			ADDRESS		
Position	Income $	From:	To:		
Supervisor	Phone		Nature of Bus.	☐ Service	☐ Mfg. ☐ Finance

Current business ownership information

LIST OFFICERS, PARTNERS OR OWNERS

TITLE/ % OWNERSHIP	/ %	/ %	/ %
NAME			
ADDRESS			
CITY,STATE,ZIP			
DRIVERS LICENSE NO.			
SOC. SEC. NO.			
DATE OF BIRTH			

List the name and address of each partnership, corporation, or proprietorship in which you were a general partner in the past 5 years.

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
% of Ownership	% of Ownership	% of Ownership
POSITION	POSITION	POSITION

Spouse's Employment

PRESENT EMPLOYER			PHONE		
ADDRESS		ZIP	Nature of Bus.	☐ Service	☐ Mfg. ☐ Finance
How Long Employed: Years	Months	Position			
Income: Per Year $		Supervisor			

Personal Assets

Autos: Yr. Make Lic. # ☐ Financed ☐ Clear

Yr. Make Lic. # ☐ Financed ☐ Clear

Value Furniture $ Value Personal Effects $ Stocks & Bonds $

Value of Real Estate Owned $ Address

Other Assets $ Description

Business Assets

Autos: Yr. Make Lic. # ☐ Financed ☐ Clear

Yr. Make Lic. # ☐ Financed ☐ Clear

Value Furniture/Office Equip $ Accounts Receivable $ Monthly Sales Projection $

Annual Sales Projection $ Previous Years Gross Sales $

Other Assets $ Description

Banking and/or Sav. & Loan Connections

Bank Sav. # $

Address Zip Ckg. # $

Phone Contact Loan # $

Bank Sav. # $

Address Zip Ckg. # $

Phone Contact Loan # $

Legal

Have you ever filed Bankruptcy? No Year: County & State

Have you ever had any suits, judgements, liens or repossessions? Year: County & State

Business Credit References

BUSINESS CREDIT REFERENCES

NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING
NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING
NAME	ADDRESS AND CITY		ZIP
PHONE	HOW LONG?	CONTACT	RATING

General Questions

Do you have existing locations? Y N — If Yes List address:

Have you leased a commercial location in the last five years? Y N — If Yes List address:

Approximate Net Worth $

Credit References Open/Closed Mortgage & Finance Loans Stores Other

NAME, ADDRESS & PHONE	ACCOUNT NO.	DATE OPEN	HIGH CREDIT	MO. PMTS.	BALANCE

Applicant Represents that statements made above are true and correct and hereby authorizes verification of references.

SIGNATURE DATE SIGNATURE DATE

Additional requirements with submission of application:

1. Please attach a financial statement or bank statement
2. Copy of Driver's License

Insurance Requirements (please note all line items may not apply)
Certificate of insurance is required to be submitted with signed lease agreement.

EXHIBIT C

COMMERCIAL LEASE

INSURANCE REQUIREMENTS

GENERAL REQUIREMENTS:

General Liability	$1,000,000 Per Each Occurrence
General Aggregate Applied:	$2,000,000
Workers Compensation	In accordance with City, State requirement
Employer's Liability	$1,000,000 per Occurrence required ONLY if you have employees.
Automobile Liability:	$500,000 for Owned, non-owned and hired motor vehicles
Garage Liability	$2,000,000 required ONLY if you store or perform work on vehicles on the premises.

The certificate holder should read: Public Storage, ATTN: Commercial Lease Admin, 701 Western Ave, Glendale, CA 91201, **publicstoragecoi@docutrax.com**.

ALL Certificates of Insurance shall have the following wording under Description of Operations related to Additional Insured:

"Public Storage and the Owner of the Property (if different than Public Storage) are named as additional insured's with respect to all activities related to insured's business at the Property"

All Certificates must carry a 30-day cancellation notification

*****Your name as Tenant must be the same on all paperwork you submit to Public Storage*****

Certificates of Insurance should be emailed to:

publicstoragecoi@docutrax.com
Questions: 855-747-5866