

Request for Tour: 145 Clove Rd, Floor 2, Staten Island, NY 10310

Applicant name: _____
Legal name of business: _____
Current or most recent business address: _____
How long has the business operated at the above address? _____
Reason for seeking a new space: _____
Type of organization (e.g., sole proprietorship, C-Corp, S-Corp, partnership, LLC, LLP, nonprofit): _____
Total number of employees _____ Number of employees expected to work at this site: _____
Gross Sales: 2025 YTD: \$ _____ 2024: \$ _____ 2023: \$ _____
Describe products sold or services rendered by your business or occupation: _____ _____

Intended Use of Space

How will you and/or your business use the space? _____ _____
Do customers or clients visit the space or will it be occupied by employees only? _____
On an average day, approximately how many people will be in the space at the same time? _____
On a busy day, approximately how many people will be in the space at the same time? _____
List all potentially hazardous substances that will be on premises and the approximate amounts: _____ _____

Principal/Owner Information

1	Name			
	Home Address	City/County	State	Zip
	% of Business Ownership			

2	Name			
	Home Address	City/County	State	Zip
	% of Business Ownership			

Certification: The signer certifies that they provided accurate information in advance of a physical tour of the rental space. Signer agrees that this application is solely for the purpose of arranging a tour of the rental space. Once interest is established, a rental application and credit check will be required.

Signed By: _____ Title: _____ Date: _____