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: 2026 YTD: $ _____ 2025: $ _____ 2024: $ _____

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: _____