

# Coulee Region **BUSINESS CENTER**



1100 Kane Street, La Crosse, WI 54603  
(608)782-8022 • office@crbc.biz • www.crbc.biz

## APPLICATION FOR TENANCY

### APPLICANT INFORMATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Driver's Licenses or State ID: \_\_\_\_\_

### BUSINESS INFORMATION

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

Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Status:  Pre-venture  New (first year)  Existing  Other: \_\_\_\_\_

If your business already exists, for how long? \_\_\_\_\_

Space Needed: \_\_\_\_\_ square foot estimate Employees: \_\_\_\_\_ number expected

Briefly describe your business...products, service(s), target market(s), goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a written Business Plan?  YES  NO If NO, expected completion: \_\_\_\_\_

### BUSINESS REFERENCES (three required)

Name	Organization	Phone
1.		
2.		
3.		

I authorize the verification of the information provided on this form. I have received a copy of this application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Background Check Authorization**

I hereby authorize Coulee Region Business Center and/or its agents and representatives to conduct a review of my background and to obtain a consumer credit report and/or an investigate consumer credit report and any other information necessary for the purpose of tenant screening.

I understand and agree that the information obtained may include, but it not limited to, credit and criminal history, past and present employment and income, bank accounts, credit accounts, credit reports, rental/residence history, references, vehicle records, driving records, criminal records, civil judgment records and any other relevant information. I further authorize previous or current employers, landlords, financial institutions, banks or other companies, public agencies or individuals to release any information, records or data that may have pertaining to me. The information received will be used only for the purposes stated herein and will be maintained in a confidential manner.

Pursuant to the Fair Credit Reporting Act (FCRA), if any adverse action is taken based upon information in the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

A copy, electronic copy, image, or facsimile of this authorization is as valid as the original.

Date of Birth	Social Security Number
Driver License Number	Driver License State of Issuance
Other Names or Aliases	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment of Background Check Fee (\$25.00): \_\_\_\_\_