



Virtual Office Tenancy Application

Please complete this application in its entirety wherein Metro Broward Economic Development Corporation will have sufficient information to evaluate your request to become a Virtual Office Tenant. A non-refundable application fee of \$25.00 (payable to Metro Broward Economic Development Corporation) is due when the application is submitted.

A fully completed application will eliminate unnecessary delays

1. Name of Individual: _____
2. Home Address: _____
 City: _____ State: _____ Zip code: _____
3. Name of Business _____
4. Business Address _____
 City: _____ State: _____ Zip code _____
5. Home Phone: _____ Business: _____ Fax: _____
6. Form of Ownership? ____ Corporation ____ Partnership ____ Sole Proprietorship
7. Check all that apply: ____ Woman Owned: ____ Minority Owned ____ Veteran
8. President or Key Official(s) & Position(s) Please attach resume(s)

9. Date Company was established? _____
10. Description of existing or proposed business: _____

11. Is proposed product or service a new one or an improvement to an existing one? Please Elaborate:

12. On what basis will the product or service be marketed?
Local: _____ Regional: _____ Statewide: _____ National: _____
13. Number of existing employees: _____
14. Annual sales (last fiscal year): \$ _____
15. Type of financing employed to date:
_____ Personal Resources _____ Private Investor _____ Venture Capital
_____ Other (indicate nature) _____
16. If financing is needed how will it be obtained? _____

17. Bank References-include phone number and name of bank official handling account.

18. Does your company have all the licenses and permits needed to conduct its business?
_____ Yes _____ No
19. What type of insurance does your company carry? _____

20. Is your business registered with the State of Florida? _____
21. Provide your Federal Employment ID Number: _____
22. Which Virtual Office package are you requesting? (please check one)
- Virtual Office Virtual Office Advantage Virtual Office Premium

I, the undersigned, agree that MetroBroward Economic Development Corporation (MBEDC) assumes no responsibility for the success or failure of my proposed business venture. The role of MBEDC is consultative in nature and any advice or information offered may or may not be used as per my discretion. Therefore, I release MBEDC and its agents from any and all liability associated with my existing or proposed business venture.

SIGNATURE _____

PRINTED NAME _____

TITLE _____

FEIN or SOCIAL SECURITY NUMBER _____

DATE _____

Please forward application to: Metro Broward Economic Development
Virtual Office Tenancy
Attn: Office Manager
3800 West Broward Boulevard
Fort Lauderdale, FL 33312

FOR MBEDC USE ONLY:

Approved: _____ Date _____

By: _____

Comments: _____

