



COMMERCIAL RENTAL APPLICATION

BUSINESS NAME: _____

MAILING ADDRESS: _____

APPLICANT: _____

DOB: _____

SOCIAL SECURITY NUMBER: _____

PHONE: _____

CO-APPLICANT: _____

DOB: _____

SOCIAL SECURITY NUMBER: _____

PHONE: _____

DESCRIPTION OF BUSINESS: _____

PLEASE ATTACH ANY BUSINESS PLAN YOU MAY HAVE
PLEASE PROVIDE COPY OF DBA/LLC CERTIFICATE

- THE TERM OF THE LEASE WILL BEGIN APRIL 1ST AND EXTEND TO OCTOBER 31ST
- FREE "WORK MONTH" FOR APRIL FIRST MONTHS RENT DUE ON MAY 1ST
- RENTAL OF THE GALLEY IS \$500 MONTHLY PLUS YOU ARE RESPONSIBLE FOR 25 FEET WITHIN PERIMETER OF THE GALLEY INCLUDING RESTROOMS.
- GARBAGE IS INCLUDED
- YOU ARE RESPONSIBLE FOR ELECTRIC
- PLEASE REVIEW LEASE FOR ALL DETAILS
- FORWARD ALL QUESTIONS TO:
nlaw@villageofcatskill.net / pgrasse@villageofcatskill.net