Application to Lease Commercial Property

1	Address of Property you wish to lease:	
2	Preferred Date of Entry:	
If the property is <u>not</u> available on standard terms and conditions please answer questions 3 and 4.		
3	Amount of rent offered per annum:	
4	Length of lease proposed:	
5	Name of Applicant:	
6	Date of Birth of Applicant: (must be filled in for a valid application)	
7	National Insurance Number of Applicant: (must be filled in for a valid application)	
8	Home Address:	
9	Home Ownership - do you own your own home: Please advise YES or NO	
10	Home Phone No:	
11	Correspondence Address (if different from home address)	
12	Work Phone No:	
13	Mobile Phone No:	
14	E-Mail Address: (Please note: Invoices may be issued electronically to the email address given)	
15	Preferred method of contact: (please √ as appropriate)	Email Telephone Letter
16	Name of proposed tenant if different from applicant:	
17	Nature of business:	
18	Full details of operations proposed to be carried out in the property:	
19	Will you be storing or using any type of hazardous or inflammable materials as part of your business operations? If so please provide details	
20	No. of employees proposed to be based at the property:	Full time --- Part-time

21	Status of business (please √ box as appropriate)	Limited Company or PLC (Please answer questions 20 to 21)	
		Firm or Partnership (Please answer questions 22 to 32)	
		Sole Trader	
Please provide further details for a Limited Company or PLC incorporated under the Companies Act:			
22	Registered Number		
23	Registered Office		
Please provide further details for a Firm or Partnership:			
24	Name of Firm or Partnership		
25	Place of Business		
26	Name of Partner (#1)		
27	Date of Birth & National Insurance Number of Partner #1: (must be filled in for a valid application)		
28	Home address of Partner #1		
29	Name of Partner (#2)		
30	Date of Birth & National Insurance Number of Partner #2: (must be filled in for a valid application)		
31	Home address of Partner #2		
If there are further partners please provide names and addresses on a separate sheet of paper			
32	Is this a new business? (please delete as appropriate)	Yes/No	
If this is a new business please answer questions 31 to 33:			
33	Provide a full Business Plan.		
34	Have you received business start-up advice from the council's Business Gateway? (please delete as appropriate)	Yes/No	
35	Name of contact in Business Gateway:		
If this is an existing business please answer questions 34 to 39:			
36	Current business address, if different from above:		

37	If the property is leased, please give name and address of landlord:	
38	Previous address (if less than 3 years at current address):	
39	If the lease is to be in the name of an individual, do you own, or lease your house:	
40	Full details on past business dealings as partner/ director/ sole trader:	
41	Where did you hear of the council's property?	
To be provided by all parties:		
	Confirming Identity & Address	We need to see original copies of two documents which you confirm your identity and address one document from each list
	Identity Documents	• Valid Passport • Valid photo-card driving licence (full or provisional) • EU Identity Card • Firearms certificate or shotgun licence • Identity card issued by the Electoral Office for Norther Ireland • Valid (old style) full driving licence • Recent evidence of entitlement to a state or local authority-funded benefit (including housing benefit or council tax benefit), tax credit, pension. • Most recent HM Revenue & Custom Tax Coding Notification, Assessment or statement or other grant.
	Evidence of Address (Name in block capitals):	• Valid photo-card driving licence (full or provisional) if not used in list 1. • The most recent mortgage statement from a recognised lender. • Local authority rent card or tenancy agreement. • Instrument of a court appointment • Current Council Tax demand letter or statement - valid for one year. • Current bank statements or credit/debit card statements issued by a regulated financial sector firm in the UK – not more than three months old. • Utility bills not than 3 months old. • Benefit book, or original notification letter from the Benefits Agency or the Department of Work and Pension confirming the right to benefits. In not use in list 1 • Most recent HM Revenue & Customs Tax Coding notification, assessment or Statement if not used in list 1.
	Council officer to confirm documents seen	
	Position:	**Name:**
	Date:	**Signature:**

Application to Lease Commercial Property Cont'd

Declarations:

1. I/we understand that in applying to take a lease of the above property that I/we agree to the council either obtaining a financial reference in respect of the bank or building society account detailed above; and/or obtaining a credit reference agency search relating to the proposed tenant(s) details given above; and/or obtaining a reference from a previous landlord.

2. I/we understand that any of the information obtained in connection with this application maybe shared with other service areas within West Lothian Council, and where requested utility service companies, and that in signing this application form I/we give our consent for these purposes.

3. West Lothian Council is committed to the prevention and detection of crime. Any information you provide on this application form may be shared with the Police Service of Scotland for the purposes of the prevention or detection of crime, in accordance with the provisions of the Data Protection Act 1998, section 29.

4. I/we understand that completion of this form does not guarantee that I/we will be offered a lease of the above property but that the council will have absolute discretion in this decision.

5. I/we agree that if the lease of this property is offered to me/us then I/we will be required to complete in full a direct debit mandate in respect of rent and other periodic payments (excluding business rates) payable in respect of the property.

6. I/we hereby declare that the information given on this application form is correct in every respect. I/We understand that if any of the foregoing information is subsequently discovered to be false then this may lead to termination of any lease agreement which has been entered into on the basis of the information supplied and may prejudice any subsequent dealings, which I/We have with the council in respect of any commercial or industrial property.

Signature:		Date:	

Tel: **01506 281836**
E-mail: propertymanagement@westlothian.gov.uk

Equality Monitoring Questionnaire – Prospective tenant

Property Management and Development is keen to ensure that it operates fairly, and without discrimination, in the letting of commercial property under its management. By completing and returning this form with your application you will help us to ensure that this is the case. The information you provide will be used solely for this purpose and not used to allocate property. [NB Where a lease is to be taken by a company, this form should be completed by the principal contact.] Thank you for your co-operation.

Name	
Property applied for	

Please ✓ boxes below as appropriate

GENDER Male ☐ Female ☐

AGE Under 30 ☐ 31 to 50 ☐ Over 50 ☐

ETHNIC ORIGIN

A. White

Scottish ☐ Other British ☐ Irish ☐ Other white background ☐

Scottish

B. Mixed

Any Mixed background**:** ☐

C**. Asian, Asian Scottish, or other Asian British**

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐

Other Asian background ☐

D. Black, Black Scottish, or other Black British

Caribbean ☐ African ☐ Other black background ☐

E. Other ethnic background

Any other ethnic background: ☐

DISABILITY

Do you have any long term illness, health problem or disability which limits your activities?
[NB If your only impairment is that you are either short or long-sighted and this is corrected by wearing glasses or contact lenses please answer NO]

YES ☐ NO ☐

Do you have any suggestions about how we can improve our service?

Please complete the attached Equality Consent slip and return it with your questionnaire.

Equality Monitoring Consent Form – Prospective tenant

Under the terms of the Data Protection Act 1998 the council is required to obtain your informed consent to the information provided by you on the Equality Monitoring form to be recorded, stored and processed for monitoring purposes.

Please confirm your consent to the information you have provided concerning your Ethnic Origin and Disability Status to be used for the purposes of monitoring Equal Opportunities.

Name (block capitals):	
Property applied for:	
Signature:	Date:

