



**DOWNTOWN SOUTH**

2750 Taylor Ave, Suite A-21  
Orlando, FL 32806  
407-270-7377

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

How did you hear about us?

- Google / Search Engine / Website
- Postcard Mailing
- Craigslist
- Drive By
- DOSO Office Suites Tenant/Referral
- Newspaper/Advertising

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

Business Owner Name(s): \_\_\_\_\_

Business Owner's Home Address:  
(must be physical address, not a PO Box)

Business Owner Cell Phone: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Type of Business (be descriptive): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

## LEASE APPLICATION

Type of lease interested in:

- Physical Office Lease
- Virtual - 6mo (\$299.70 + \$17.98 tax = \$317.68)
- Virtual - 12mo (\$359.40 + \$21.56 tax=\$380.96)

Number of Employees: \_\_\_\_\_

Approximate # of Guests Daily: \_\_\_\_\_

Business EIN # \_\_\_\_\_

Personal SS # \_\_\_\_\_

Business Web Site Address: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Reference (Company): \_\_\_\_\_

Business Reference (Contact Name): \_\_\_\_\_

Business Reference (Phone Number): \_\_\_\_\_

Business Reference (Email): \_\_\_\_\_

Vehicle(s): \_\_\_\_\_

License #    Make    Model    Color

License #    Make    Model    Color

License #    Make    Model    Color

**Copy of Leaseholder's Driver's License or Government-Issued ID required with application.**  
**Upon submission of this application, Applicant agrees to a criminal background check.**  
**Please initial here that you have read and acknowledge this. \_\_\_\_\_**