|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name:** |  | **Project #:** |  |
| **Proposal Date:** |  |

# **A. LOCATION**

|  |  |
| --- | --- |
| Street Address: |  |
| City/Township: |  |
| County: |  |
| State: |  | Zip: |  |

|  |  |
| --- | --- |
| Nearest Cross Streets: |  |
|  |
| Legal Description: |  |
|  |
|  |

# **B. CONTACT INFORMATION**

|  |  |
| --- | --- |
| **LANDLORD:** |  |
| Street Address: |  |
| City: |  |
| State: |  | Zip: |  |
| Telephone: | ( ) |
| Fax: | ( ) |

|  |  |
| --- | --- |
| **LANDLORD AGENT:** |  |
| Street Address: |  |
| City: |  |
| State: |  | Zip: |  |
| Telephone: | ( ) |
| Fax: | ( ) |

|  |  |
| --- | --- |
| **LANDLORD ATTORNEY:** |  |
| Street Address: |  |
| City: |  |
| State: |  | Zip: |  |
| Telephone: | ( ) |
| Fax: | ( ) |

# **C. DESCRIPTION AND CONDITION ON PREMISES:**

|  |  |  |  |
| --- | --- | --- | --- |
| Square Footage: |  | Dimensions: |  **X** |
| Field Measured? |  **YES NO** | Comments: |
|  |

|  |
| --- |
| Free Standing OR Strip-Center? **(CIRCLE)** |
| Location in Strip-Center? CORNER? CORNER-MIDDLE? OTHER: |
| Parking Spaces: |
| Handicapped? **YES NO (CIRCLE)** | How Many? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| HVAC | GAS or ELECTRIC **(CIRCLE)** | Tonnage: |  |
| Age of Unit: |
| Condition: |

|  |  |
| --- | --- |
| Will Landlord Provide Warranty? |  **YES NO (CIRCLE)** |
| Comments:  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Electrical: | Amps |   | Phase |  | Circuits |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Utilities: | Electric | Gas | Sewer (Municipal/Septic)Circuits | Water |
| (Municipal/Well Water) |

|  |
| --- |
| Are Utilities Separately Metered? **YES NO (CIRCLE)** Except**:** |
|  |

|  |
| --- |
| Are there any Municipal “Hook-Up Fees or Charges? **YES NO (CIRCLE)**  |
| Comments: |

|  |
| --- |
| Has Well Water Been Tested? **YES NO (CIRCLE)**  |
| Date of Test: |
| Comments: |
|  |

|  |
| --- |
| Does Septic Tank and Field Have Capacity to Handle Intended Uses? **YES NO (CIRCLE)**  |
| Comments: |

|  |
| --- |
| Additional Comments: |
|  |
|  |
|  |

|  |
| --- |
| Signage Available (Indicate Number and Size): |
| Exterior Wall Sign: |
| Pylon Sign: |
| Exterior Directional Signs: |
| Window Neon Signs: |
| Window Graphics: |

|  |
| --- |
| Are Handicapped Restrooms Installed? **YES NO (CIRCLE)**  |
| How Many? |  | Type: |  |

|  |
| --- |
| Any Identifiable Handicapped Access Problems? **YES NO (CIRCLE)**  |
| If YES Describe: |  |
|  |

|  |
| --- |
| General Condition of Property on Which Premises are Located: |
|  |
|  |

|  |
| --- |
| General Condition of Leased Premises: |
|  |
|  |

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| --- |
| State Items Landlord Needs to Repair on Property Before Occupancy (Property): |
|  |
|  |
|  |
| State Items Landlord Needs to Repair in Leased Premises Before Occupancy (Property): |
|  |
|  |
|  |

# **D. MUNICIPAL REQUIREMENTS:**

|  |  |
| --- | --- |
| Telephone #: | ( ) |
| Contact Person: |  |
|  |
| Is Building Permit Required: **YES NO (CIRCLE)** |
| Is Health Department Approval Needed Before Issuance of Building Permit?  |
| **YES NO (CIRCLE)** |

|  |
| --- |
| What is Zoning? |
| Does Zoning Permit Restaurant: **YES NO (CIRCLE)** |
| Does Zoning Permit Carry-Out? **YES NO (CIRCLE)** |
| Does Zoning Permit Delivery? **YES NO (CIRCLE)** |

|  |
| --- |
| What are Parking Requirements? |
| Sit Down: |
|  |
| Carry Out: |
|  |

|  |
| --- |
| Delivery: |
|  |

|  |
| --- |
| Municipal Signage Restrictions (See “Signage Available: in Above Section)? |
|  |
|  |
|  |

|  |
| --- |
| Do Any Special Variances Need To Be Obtained? **YES NO (CIRCLE)** |
| If YES, What is Procedure? |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Time Normally Needed for Plan Review? | Weeks |
| Time Normally Needed for Health Department Review? | Weeks |

# **E. LIQUOR LICENSE:**

|  |
| --- |
| Is a Liquor License Desired for This Location? |
| Type of License? Class |
| Is a New License Available? |
| Are any Available in State Escrow? **YES NO (CIRCLE)** |
| If YES, Number, Type and Costs? |
|  |

# **F. DEMOGRAPHICS AND MARKETING:**

|  |  |  |
| --- | --- | --- |
| 1. MILE RADIUS | 2. MILE RADIUS | 3. MILE RADIUS |
| POP: | POP: | POP: |
| INCOME: | INCOME: | INCOME: |
| HOMES: | HOMES: | HOMES: |
| BUSINESS: | BUSINESS: | BUSINESS: |

# **ATTACH COPY OF ALL AVAILABLE DEMOGRAPHIC INFORMATION:**

|  |
| --- |
| Visibility from Roads? |
|  |
|  |

|  |
| --- |
| Distance from Intersection: |
|  |

|  |
| --- |
| Is the Location at a Traffic Light? YES NO (CIRCLE) |
| Traffic Counts: |
|  |
| What Types of Direct Mail Services are Available to Service the Trade Area? |
|  |
|  |

|  |
| --- |
| What Types of Electronic Media (I.E. TV and Radio Stations Service the Trade Area? |
|  |

# **G. TERMS OF LEASE AND ECONOMICS:**

|  |
| --- |
| Initial Lease Term (Years or Months): |
| Number and Length of Option Periods: |
|  |
|  |
| Lease Commencement Date: |
| Lease Expiration Date: |
| Price Per Sq. Foot: |
| Per Month: |
| Per Year: |
| Option(s) Price: |
| Nets: |
| Taxes: |
| Insurance: |
| Common Area Maintenance: |

|  |
| --- |
| Ad Fund Contribution: |
| Tenant’s Association: |
| Security Deposit: |
| Personnel or Corporate Guaranties: **YES NO (CIRCLE)** |
| How Much? |
| How Long? |

|  |
| --- |
| Misc. Tenant Costs: |
|  |

|  |
| --- |
| Tenant’s Insurance Requirement? |
|  |

|  |
| --- |
| Tenant Build-Out Allowance: |
|  |

|  |
| --- |
| How is Tenant Build-Out Allowance to be Paid? |
|  |

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| --- |
| Permitted Build-Out Period? |

|  |
| --- |
| Landlord’s Work: |
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| --- |
| Expected Date of Completion of Landlord’s Work: |

# **H. TENANCY AND OTHER LEASE PROVISIONS:**

|  |
| --- |
| Is Exclusive Available? **YES NO (CIRCLE)** |

|  |
| --- |
| Permitted Uses: |
|  |
|  |

|  |
| --- |
| Is Assignment of Lease Available? **YES NO (CIRCLE)** |
| If YES, Under What Conditions?: |
|  |

|  |
| --- |
| Any Deed Restrictions? **YES NO (CIRCLE)** |
| If YES, What Type?: |
|  |

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| --- |
| Other Restrictions: |
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# **I. ADDITIONAL COMMENTS:**

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