



TENANT BUSINESS PLAN

Commercial Lease Application

Prime Management | Commercial Real Estate | Denver, CO

Business / Trade Name: _____

Proposed Location: _____

Date Submitted: _____

Prepared By: _____

INSTRUCTIONS: This Tenant Business Plan form must be completed in full and submitted along with your commercial lease application to Prime Management. All sections are required unless otherwise noted. Incomplete forms may delay the review process. Attach supplemental documents (financial statements, licenses, certificates of insurance, etc.) as indicated. Please print legibly or type all responses.

SECTION 1 | APPLICANT & BUSINESS IDENTIFICATION

Legal Business Name:	
DBA / Trade Name:	
Business Entity Type:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
State of Incorporation / Formation:	
Federal EIN / Tax ID:	
Date Business Established:	
Business Website:	
Primary Contact Name:	
Title / Role:	
Phone (Primary):	
Phone (Secondary / Mobile):	
Email Address:	
Mailing Address:	
City / State / ZIP:	

Principal Owner(s) / Officers:

Owner 1 – Full Name:	
Ownership %:	
Home Address:	
Owner 2 – Full Name:	
Ownership %:	
Home Address:	
Owner 3 – Full Name (if applicable):	
Ownership %:	

SECTION 2 | BUSINESS DESCRIPTION & CONCEPT

Primary Industry / Category:

Retail
 Restaurant / Food & Beverage
 Office / Professional Services
 Medical / Health
 Fitness & Wellness
 Entertainment
 Salon / Beauty
 Automotive
 Education
 Other

Describe your business concept, products/services offered, and what differentiates you from competitors:

Hours of Operation (Typical):	
Days of Operation:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Expected Daily Customer Traffic:	

SECTION 3 | SPACE REQUIREMENTS & PROPOSED USE

Proposed Property / Suite:	
Desired Square Footage (Min):	
Desired Square Footage (Max):	
Requested Lease Term:	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> Other:
Desired Commencement Date:	
Rent Budget (Monthly, Base):	\$
Expansion Option Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open to discussion
Renewal Option Desired?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Open to discussion

Describe your intended use of the space and any special layout requirements:

Special Build-Out or Tenant Improvement Requests:

Utility / Infrastructure Requirements (circle/check all that apply):

- 3-Phase Electrical
- Gas Line
- Commercial Hood/Ventilation
- Enhanced HVAC
- Floor Drain
- Grease Trap
- High-Speed Fiber
- Loading Dock

SECTION 4 | MARKET ANALYSIS & TARGET CUSTOMER

Describe your primary target market (demographics, psychographics, geographic area):

Identify your top three (3) competitors in this trade area:

Competitor #1 – Name / Location:	
Competitor #1 – Your Advantage:	
Competitor #2 – Name / Location:	
Competitor #2 – Your Advantage:	
Competitor #3 – Name / Location:	
Competitor #3 – Your Advantage:	

Describe any planned marketing strategies for this location:

SECTION 5 | FINANCIAL INFORMATION & PROJECTIONS

Funding Sources:

Personal / Owner Equity
 SBA Loan
 Conventional Bank Loan
 Investor Capital
 Crowdfunding
 Retained Business Earnings
 Other

Total Start-Up Capital Available:	\$
Source of Start-Up Capital:	
Monthly Operating Budget (Est.):	\$
Personal Net Worth (approx.):	\$
Outstanding Business Debt:	\$
Current Personal Credit Score Range:	<input type="checkbox"/> <600 <input type="checkbox"/> 600–649 <input type="checkbox"/> 650–699 <input type="checkbox"/> 700–749 <input type="checkbox"/> 750+
Have you filed for Bankruptcy in last 7 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain on separate sheet)

12-Month Financial Projections (attach detailed pro forma if available):

	Month 1–3	Month 4–6	Month 7–9	Month 10–12
Projected Gross Revenue	\$	\$	\$	\$
Cost of Goods / Services	\$	\$	\$	\$
Gross Profit	\$	\$	\$	\$
Total Operating Expenses	\$	\$	\$	\$
Rent (Base + NNN)	\$	\$	\$	\$
Payroll	\$	\$	\$	\$
Marketing / Advertising	\$	\$	\$	\$
Utilities	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Other Expenses	\$	\$	\$	\$
Net Income / (Loss)	\$	\$	\$	\$

* Attach signed CPA-prepared financials or tax returns (last 2 years) as applicable.

SECTION 6 | PRIOR COMMERCIAL TENANCY & REFERENCES

Previous Commercial Lease History (most recent first):

Property Address #1:	
Landlord / Management Co.:	
Landlord Contact Phone:	
Lease Dates (From – To):	
Monthly Rent Paid:	\$
Reason for Vacating:	
Property Address #2:	
Landlord / Management Co.:	
Landlord Contact Phone:	
Lease Dates (From – To):	
Monthly Rent Paid:	\$
Reason for Vacating:	

Were you ever evicted or in default of a commercial lease?

Yes No

If Yes, please explain:

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SECTION 7 | LICENSES

Required Licenses & Permits (check all that apply and provide copy with application):

- City/County Business License
 State Business License
 Sales Tax License
 Liquor License
 Food Handler's Permit
 Health Department Permit
 Contractor's License
 Professional License
 Zoning / Land Use Permit
 Other

SECTION 9 | ADDITIONAL INFORMATION & SPECIAL REQUESTS

Please provide any additional information, special requests, or other context you feel is relevant to your application:

How did you hear about this space?

CoStar / LoopNet
 Broker / Agent
 Drive-By / Sign
 Referral
 Social Media
 Google Search
 Prime Management Website
 Other

Are you working with a commercial real estate broker?

Yes No

Broker Name:	
Brokerage / Company:	
Broker Phone / Email:	

SECTION 10 | REQUIRED ATTACHMENTS CHECKLIST

<input type="checkbox"/>	Government-issued photo ID for all principals with ownership ≥ 20%
<input type="checkbox"/>	Signed Personal Financial Statement (all principals ≥ 20%)
<input type="checkbox"/>	Last 2 years personal tax returns (all principals ≥ 20%)
<input type="checkbox"/>	Last 2 years business tax returns (if existing business)
<input type="checkbox"/>	YTD Profit & Loss Statement (current year)
<input type="checkbox"/>	Last 3 months personal bank statements (all principals ≥ 20%)
<input type="checkbox"/>	Last 3 months business bank statements
<input type="checkbox"/>	Certificate of Good Standing (from state of formation)
<input type="checkbox"/>	Articles of Incorporation / Operating Agreement
<input type="checkbox"/>	Proof of General Liability Insurance (naming Prime Management as Additional Insured)
<input type="checkbox"/>	Proof of Workers' Compensation Insurance

■	Copies of all required business licenses and permits
■	Letter of Intent (LOI) if previously submitted
■	Site/floor plan sketch or space layout requirements
■	Franchise Agreement (if applicable)
■	SBA pre-qualification letter (if applicable)
■	Any other documents referenced in this application

SECTION 11 | CERTIFICATION & SIGNATURE

I/We, the undersigned, hereby certify that all information provided in this Tenant Business Plan and accompanying documents is true, accurate, and complete to the best of my/our knowledge and belief. I/We understand that any misrepresentation or omission of material facts may result in the immediate disqualification of this application and/or termination of any lease agreement entered into based upon this information. I/We authorize Prime Management to verify all information contained herein, including but not limited to credit inquiries, background checks, employment and financial verification, and landlord references. I/We acknowledge that submission of this Business Plan does not constitute a lease offer or guarantee of tenancy.

Signature of Applicant / Owner 1

Date

Printed Name

Title

Signature of Applicant / Owner 2 (if applicable)

Date

Printed Name

Title

FOR OFFICE USE ONLY

Application Received By:	
Date Received:	
Application Status:	<input type="checkbox"/> Denied <input type="checkbox"/> Under Review <input type="checkbox"/> Approved <input type="checkbox"/> Conditionally Approved
Decision Date:	
Reviewed By:	
Notes / Comments:	