

**BELLE TERRE CONDOMINIUM ASSOCIATION**

**APPLICATION FOR APPROVAL TO PURCHASE/LEASE A CONDOMINIUM UNIT**

**Location: 3000 N University Drive, Coral Springs 33065**

BTCA Board of Directors: We (I) hereby apply for approval to purchase/lease unit \_\_\_\_\_ in the Belle Terre Plaza and for membership in the, BELLE TERRE CONDOMINIUM ASSOCIATION Inc. A signed copy of the proposed purchase contract is attached.

**I am Purchasing/Leasing this unit with the intention of (select one) Occupy\_\_\_\_\_ Lease\_\_\_\_\_**

Is a Realtor handling this transaction? \_\_\_ Yes \_\_\_ No If yes, please enter the following information:

Realtor Name: \_\_\_\_\_ office \_\_\_\_\_

Email: \_\_\_\_\_ Telephone \_\_\_\_\_

A \$100.00 NON-REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.

In order to facilitate consideration of this application, we (I) represent that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application will justify its' automatic disapproval. We (I) consent to your further inquiry concerning this application, including the references named.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

This application is for (please check one) \_\_\_\_\_ Purchase \_\_\_\_\_ Lease

Name of Present Owner: \_\_\_\_\_

Personal Data on Purchase/Lessee:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: -----

City: - \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobil Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Detail of services being done:

\_\_\_\_\_  
\_\_\_\_\_

Type licenses held: \_\_\_\_\_

If retired, former business or profession: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Have you ever been in litigation with a Landlord? \_\_\_\_\_

Have you ever been convicted of a crime including violence to persons or property? If so, give full details: \_\_\_\_\_  
\_\_\_\_\_

CO/Tenant Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: -----  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobil Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

If retired, former business or profession: \_\_\_\_\_

Present Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ How Long: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ How Long Employed: \_\_\_\_\_

Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Have you ever been in litigation with a Landlord? \_\_\_\_\_

Have you ever been convicted of a crime including violence to persons or property? If so, give Full details: \_\_\_\_\_  
\_\_\_\_\_

Current Business Information:

Corporation Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ EIN# \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Please Choose One -  Corporation  Partnership  Sole Proprietor or  Other \_\_\_\_\_

Years in business \_\_\_\_\_

Type of business describe all the services you will providing : \_\_\_\_\_

Type of Licenses held: \_\_\_\_\_

Description of business activities: \_\_\_\_\_

Provide two Business or one personal and one business reference (known for at least 3 years) local if possible. Letter of reference from these Businesses should be attached to the application. Along with a letter of good standing.

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Closing/Move-in date (Must fill in dates that

apply): \_\_\_\_\_ Move-in date: \_\_\_\_\_

Expiration of Lease: \_\_\_\_\_

**BELLE TETTER CONDO ASSOCIATION  
APPLICATION FOR LEASE, SALE OR TRANSFER  
3000 N University Drive Coral Springs, Fl. 33065**

NAME OF THE CORPORATION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

TYPE ALL THE SERVICES YOU WILL PROVIDE: \_\_\_\_\_

TYPE OF LICENSES HELD: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

ALTERNATE EMAIL ADDRESS: \_\_\_\_\_

IF SALE, EXPECTED CLOSING DATE: \_\_\_\_\_

IF TRANSFER, EXPECTED DATE OF TRANSFER: \_\_\_\_\_

IF LEASE EXPECTED LEASE START DATE: \_\_\_\_\_

LEASE EXPIRATION DATE: \_\_\_\_\_

DATE APPROVAL RECEIVED FROM CORAL SPRINGS ZONING BOARD \_\_\_\_\_

DATE BUSINESS LICENSE(S) RECEIVED FROM CITY OF CORAL SPRINGS \_\_\_\_\_