

New Tenant/s Questionnaire

Address of Premises	
New Tenant/s Details	Other party/s to be named on the lease
Mr/Mrs/Ms/Other	
First name/s	
Surname	
Address	
Date of Birth	
N.I Number	
Telephone No.	
E-mail	
Details of any previous Convictions; Bankruptcies;	Court Judgements
Please provide details where you / other parties ha current address	ve lived in the last six years (excluding your
Full name and address of proposed tenant/s solicite	or
	_
Names and home addresses of other partners in the be named in the lease)	ne proposed tenant's business (who are not to
Mr/Mrs/Ms/Other	
First name(s)	
Surname	
Address	

	y, including former business address, lature of previous business, how long i	previous Landlord's name and address, in current and previous businesses
	and addresses of two main trade suppand addresses of two character refere	
1	2	
The proposed use of the	ne premises	
Details of any propose	d alterations to the property	
Please note that if it is declined immediately.		s been supplied; this application will be
Please provide copy/	's of passport/s or other photo I.D a	nd evidence of current address/es.
I/We authorise Thirtee this application.	n to make all the necessary enquiries	s, financial or other, in connection with
	under Section 29 of the Data Protection at address/es should I/we leave this	on Act 1998, Thirteen has the right to property.
I/We hereby confirm	that the information given is true an	nd correct.
Print name	Signature	Date
Print name	Signature	Date

BUSINESS PLAN

It is imperative that any applicant provides us with a detailed business plan showing an understanding of the business type, the market, the goals etc. We also need to be satisfied that the applicant has the relevant experience and training to successfully operate a business of this type.

If you are not submitting your business plan with your application, then you are required to complete Sections 1, 2 and 3.

1) What type of business are you proposing?

- Describe the products you make or the services you provide
- Objectives
- Knowledge & experience
- Training received/needed

	2)	How well d	do you	understand	vour	customers	3?
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- Market Trends
- Who will buy from you and why?
 How will you promote your product or service?

3) How well do you understand your competition? • What direct and indirect competition exists? • Strengths & weaknesses of your competition • What are your Unique Selling Points?		
 What direct and indirect competition exists? Strengths & weaknesses of your competition 		
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Projected Cashflow Analysis and Profit & Loss Projections.

Please complete the form below and provide a projected cash flow detailing income and expenditure with a projected profit and loss account.

	Month												
ltem	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Sales													
Cost of Sales													
(Stock/Purchases) Gross Profit (A)													
Wages													
Personal Drawings													
Rent													
Rates													-
Insurances (Glass; Contents; Liability)													
Utilities													
Trade Waste													
Telephones													
Equipment (Rental; Purchase; Repair)													
Marketing (Advertising; Website)													
Accountancy (Fees; Charges; Interest)													
Other Costs (eg Cleaning; uniforms; post)													
Total Overheads (B)													
Net Profit (A-B)													
Running Balance													



Consent Form for Experian Credit Check

•				
Full Name of Applicant:				
Previous Names (if any):				
Date of Birth:				
Current Address:				
Full Name of Joint Applicant:				
Previous Names (if any):				
Date of Birth:				
Current Address:				
I / We have made an application for commercial rent with Thirte Landlord will need to carry out enquiry's concerning my / our charatenancies or occupations of any property in the past.				
I / We hereby give my / our permission and consent for Thirtee information about me / us from all relevant agencies.	en to obtain any and all relevant			
I / We understand that relevant agencies may include (but are not limited to) any Police Force previous landlords, Probation Service, Social Services and Education Departments of Loc Authorities.				
I / We understand that this information will be used for the sol application and will be held in the strictest confidence.	le purpose of assisting my / our			
I / We understand that disclosure or discovery of a criminal automatically mean exclusion of my / our application.	offence or conviction does not			
I / We freely give consent to Thirteen to carry out all necessary end	uires.			
Signature of Applicant:	Date:			
Print Name:				
Signature of Joint Applicant:	Date:			
Print Name:				
FOR OFFICE USE ONLY				
Name of Witness (Officer):				
Designation of Witness:				

APPLICATION CHECKLIST

Documents to return to the Commercial Property Team

New Tenant Questionnaire
Proof of identity - passport or other photo I.D
Evidence of current address
Business Plan
Cash Flow Projection Forecast
Experian Credit Check Consent Form