



PRINT ALL INFORMATION

To be completed by applicant

1. Tenant's legal entity name or sole proprietor	2. Considerations exchanged for lease \$ _____
3. Physical address of leased property _____ Street City County State ZIP	4. Lease terms Beginning date: _____ End date: _____
5. Tenant's use of premises	
6. Who has access to the premises?	7. Who has access to the kitchen?
8. Who has keys to the location?	9. If any areas of the physical address are not covered in the lease, explain.

To be completed by landlord or property owner

10. Landlord's legal entity name or sole proprietor	11. Daytime phone number
12. Is the property subleased? If yes, answer question 13, complete line 16, and submit a Sub-tenant/Sub-lessee Assignment of Sublease. <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Does the property owner give consent? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that a misstatement or concealment of fact in this form is sufficient grounds for the revocation of the license and/or permit. Under penalty of perjury, I declare that I have read and understood this form and the information provided is true, correct, and complete.

14. _____ Tenant or principal of entity's signature	_____ Tenant or principal of entity's printed name	_____ Date
15. _____ Landlord's signature	_____ Landlord's printed name	_____ Date
16. _____ Sub-tenant/Sub-lessee's signature if subleased	_____ Sub-tenant/Sub-lessee's printed name	_____ Date

The SCDOR may request a copy of your lease at any time.