# COMMERCIAL TENANCY APPLICATION

## How to Complete This Application

You are responsible for ensuring that your application is correct and complete. Responsibility for ensuring that the application is received by the Landlord rests with the Applicant. The Landlord is not responsible for lost emails or submissions, or other issues including technology issues, which may prevent your application from being received by the Landlord. The Landlord will confirm receipt of the application. The Landlord is not responsible and will not be liable to you or anyone else, for any damages whatsoever, including any indirect, special, incidental, or consequential damages, arising out of or in connection with your use of, or inability to use, the application. All inquiries should be directed to the above contact information for the Landlord. It is important to follow the instructions below:

* Type or print clearly.
* Data tables and images may be inserted within this application form or referenced and included in an attachment. If you need more space, please reference the relevant attachment in the application form.
* Do not fill in boxes that do not apply to you. Please leave blank or indicate NA.
* All applications must be sent via email in PDF format to [info@chieflouiscrossing.ca](mailto:info@chieflouiscrossing.ca).

## Section 1: Applicant / Lead Contact

If there are multiple parties, please indicate one lead contact.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| Address: |  | | |
| City & Province: |  | Postal Code: |  |
| Email: |  | Phone #: |  |

## Section 2: Business Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Name: |  | | | | |
| Address: |  | | | | |
| City & Province: |  | | Postal Code: | |  |
| Website: |  | | | | |
| Ownership Structure: | Sole Proprietorship  Partnership  Corporation | Number of Years in Operation: | | None  Less than or equal to 1 year  More than 1 year ( \_\_ specify #) | |
| Indigenous Ownership: | None  Less than 51%  Greater than or equal to 51% | Tk’emlups te Secwépemc Membership Ownership: | | None  Less than 51%  Greater than or equal to 51% | |
| **Business Category**  Flexible spaces for rent are available within Chief Louis Crossing for a variety of services. The Landlord, 1303110 BC Ltd is specifically seeking expressions of interest from potential tenants that fall into one of the following categories. Please mark the applicable category or provide detail if “other”. | | | | | |
| Preferred: | Hospitality: Restaurant, Café, Pizzeria, Specialty Food Services  Retailers: Cold Beer and Wine, Home Décor, Pet Stores  Personal Services: Spa, Salon  Professional Services: Legal, Engineering, First Nations Services, Co-Working, Insurance  Healthcare Services: Doctor, Dentist, Chiropractic, Massage Therapist, Physiotherapist,  Psychiatry, Counselling, Pharmacy | | | | |
| Other: |  | | | | |

**Officer/Director/Owner #1**

Same as Applicant / Lead Contact (if so, leave this section blank)

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| Residence Address: |  | | |
| City & Province: |  | Postal Code: |  |
| Email: |  | Phone #: |  |

**Officer/Director/Owner #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Title: |  |
| Residence Address: |  | | |
| City & Province: |  | Postal Code: |  |
| Email: |  | Phone #: |  |

## Section 3: Business Overview

Provide a general overview of your company, including for example: mission, mandate, goals, target market, number of employees, and strategy.

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## Section 4: Tenant Requirements

Proposed use of premises and equipment required / contemplated:

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Proposed works / fit-out to be completed by tenant:

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| --- | --- | --- | --- |
| Proposed Lease Start Date: |  | Proposed Lease Length (years): |  |

Other Requests (e.g., square footage and any mandatory or preferred terms and conditions):

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## Section 5: References

**Previous Landlord**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Location Address: |  | | |
| City & Province: |  | Postal Code: |  |
| Email: |  | Phone #: |  |

**Bank/Financial Reference**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Phone #: |  |
| Bank/Financial Institution: |  | | |
| Account Holder/Name: |  | Account Number: |  |

**Business Reference #1**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relation: |  | | |
| Email: |  | Phone #: |  |

**Business Reference #2**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relation: |  | | |
| Email: |  | Phone #: |  |

## Section 6: Conflict of Interest & Relationships

Do you have any existing or potential conflict of interest, direct or indirect, with the Tk’emlups te Secwépemc?

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| Yes  No If yes, please state the potential conflict of interest. |

List any contracts or business arrangements currently or formerly in place between your company and the Tk’emlups te Secwépemc.

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## Section 7: Supplemental Information

Applicants may be requested to provide some or all the following information at a future date. Applicants are welcome to submit all or some of the following alongside their application.

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| --- |
| Attached Documents (check all that apply):  Previous Business Experience / Curriculum Vitae  Feasibility Study  Business Plan  Business Proforma  Proof of Assets, Business Credit Report(s), and/or Current Financial Statement(s) |

Describe your familiarity and engagement with the Tk’emlups te Secwépemc (e.g., people, projects, organization, etc.)

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Describe how your business will advance reconciliation, support capacity development, and facilitate the sustainable economic development of the Tk’emlups te Secwépemc.

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## Section 8: Authorization:

The undersigned hereby declares that the information provided in this application is complete, true, and accurate and is authorized to submit this application on behalf of the Tenant/Company, officers, and directors.

The undersigned is providing this information and giving its permission so that the Landlord may conduct such investigations and credit checks as the Landlord may deem appropriate for approving/accepting the tenant application.

USE & DISTRIBUTION OF INFORMATION: The Tenant/Company, officers, and directors signing below consent to the collection, use, and disclosure of personal information by the Landlord and its authorized agents for such purposes that relate to the services provided by the Landlord and its authorized agents, including but not limited to leasing, subleasing, assignment of lease, and for determining the creditworthiness of the Tenant/Company, officers, and directors as is consistent with the services provided by the Landlord and its authorized agents. Authorized agents of the Landlord include the Project Management Team of Tk’emlúps te Secwépemc Business and Economic Development and VisionQuest Advisors Inc.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name: |  | Date: |  |

**Please save the completed form as a PDF and**

**submit the form and any files, images, and/or attachments to info@chieflouiscrossing.ca**