

## **LEASING APPLICATION PACKAGE**

Pier One San Francisco, CA 94111

Tel: (415) 274-0400 Fax: (415) 274-0578 TTY: (415) 274-0587

www.sfport.com

For Property Manager Use Only:

PREMISES LOCATION



### **Lease Application Instructions**

- 1. Please fill in all applicable information, print then sign and date where indicated. Please **DO NOT** Docusign the application. An original signature is required.
- 2. Attach copies of any extra documentation needed to evaluate your application.
- Please mail or personally deliver your application, financials, credit check fee, security deposit and any other pertinent documentation to the Port of San Francisco. If you elect to send your application via e-mail, you assume all risks associated with theft of your personal or business information sent in a non-secured or nonencrypted method.

## **Lease Application Checklist**

Lease Application

Personal Data Questionnaire (if applicable)

**Bank Information** 

Credit Check Authorization Form

Financial Statements of Company or Tax Returns (three years)

Articles of Incorporation or Articles of Organization (if applicable)

Statement of Domestic Stock Corporation (if applicable)

Credit Check Fee and Security Deposit

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## PART I Leasing Application



## **PART I: LEASING APPLICATION**

Please <u>print</u> legibly or type. Use attachments to provide complete and detailed information to facilitate Port review and approval process.

	Date:	
PROPOSED TENANT		
Name / Address of Propos	sed Tenant	
Full Legal Name of Propose	ed Tenant:	
Existing Business Name (if	different from above):	
Current Address:		
City:	State:	Zip:
	Title:	
	Fax:	
Email:		
	tors of the corporation or membe	
List of all officers and direct	tors of the corporation or membe	
List of all officers and direct	tors of the corporation or membe	
List of all officers and direct	tors of the corporation or membe	
List of all officers and direct	tors of the corporation or membe	
List of all officers and direct Name	tors of the corporation or membe	ers of the LLC:
List of all officers and direct Name  State of Incorporation:	tors of the corporation or member Title	ers of the LLC:

Attach a copy of the Statement of Information (Domestic Stock Corporations) or Articles of Incorporation.

•		Date			
Name	Address	of Birth	SSN		
Attach a copy of the	Articles of Organization.				
Who Will Sign the Le	ease?				
Print Name:	Print Title	):			
(If tenant is a corpora	ation, two signatories are red	quired. Both mus	•		
officers or persons wh	no are authorized by the corp	poration to enter	into contracts.)		
Fictitious Business	Name Statement (if applica	ıble)			
Operating Name:					
When/Where Filed?					
When/Where Filed? _					
Local Agent for Serv	rice of Process				
Local Agent for Serv	vice of Process				
Local Agent for Serving Name:Address:	vice of Process				
Local Agent for Serving Name: Address: City:	vice of Process  State:	Zip: _			
Local Agent for Serving Name: Address: City:	vice of Process	Zip: _			
Local Agent for Serving Name: Address: City:	rice of Process  State:	Zip: _			
Local Agent for Serving Name: Address: City: Phone: Previous Business L	rice of Process  State:	Zip: _			
Local Agent for Serving Name: Address: City: Phone: Previous Business L Name of Prior Landlo	rice of Process  State:	Zip: _			
Local Agent for Serving Name: Address: City: Phone: Previous Business L Name of Prior Landlo Address:	State:andlord	Zip: _			
Local Agent for Serving Name: Address: City: Phone: Previous Business L Name of Prior Landlo Address: City: City:	State: State:	Zip: Zip:			
Local Agent for Serving Name: Address: City: Phone: Previous Business L Name of Prior Landlo Address: City: City: Contact Person:	State:	Zip: Zip: Zip:			
Local Agent for Serving Name:	state:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:State:	Zip: _ Zip: _ Phone:			
Local Agent for Serving Name:	State:	Zip: _ Zip: _ Phone:			

## II. FINANCIAL INFORMATION

A. Financials / Tax Returns. The proposed tenant shall provide the Port with financial statements or income tax returns for the past three (3) years.

B.	Bank References			
	(1) Bank:	Phone:		
	Address:			
		State:		
	Account #:	Type of Account:	:	
	Contact Name:			
	(2) Bank:	Phone:		
	Address:			
	City:	State:	Zip:	
	Account #:	Type of Account:	:	
	Contact Name:			
C.	Bankruptcy			
	Has the proposed tenant e	ever filed for bankruptcy protect	ion? Ye	es No
	When:			
	Where:			
		Chapter 7, 11, 13):		
	Current Status of Bankrupt	tcy:		
	Explain:			

## D. Assets and Liabilities of Proposed Tenant

Assets	Amount \$	Liabilities	Amount \$
Real Property (describe)	Amount \$	Loans (describe)	Amount \$
Automobile (veer /melse /			
Automobile (year /make / model / license number)	Amount \$	Mortgages (describe)	Amount \$
moder, neonee maniper,	γιιποαπτ φ	Wortgages (accornes)	γαποαπέφ
Personal Property	Amount \$	Credit Card Accounts	Amount \$
Other assets (detail)	Amount \$	Other Liabilities (detail)	Amount \$

## E. List any interest the proposed tenant has in any other business(es) and give addresses and phone numbers of each.

Business	Interest	Address	Phone



## PERSONAL DATA QUESTIONNAIRE

Only complete if you are entering into the lease as an individual/sole proprietor or as a member of a partnership.

Each person who is required to complete a Personal Data Questionnaire must submit a separate form.

Proposed Tenant Information	1	
Name:		
Name of Proposed Tenant (if d	ifferent from above):	
Other Names Used:		
Address:		
City:		
Phone:		
Date of Birth:	SS#:	
Driver's License Number:	State:	Expires:
HOME Address:		
City:	State:	Zip:
Phone:		
Employer Information		
Name of Business:		
Address:		
City:		
Phone:	How Long?	
If less than five (5) years, pre	vious employer:	
• • • • • • • • • • • • • • • • • • • •	• •	
Name of Business:		
Address:		
City:		Zip:
Phone:	How Long?	



# PERSONAL DATA QUESTIONNAIRE (continued)

C.	Spouse/Partner Information			
	Name of Spouse/Partner:			
	Address:			
	City:			
	Phone:			
	Name of Spouse/Partners Employer:			
	Address:			
	City:			
	Phone:			
l de	clare under penalty of perjury that the	information c	ontained in this Personal	
	a Questionnaire is true and correct.		ontained in this reisonal	
0:			<b>D</b> .	
	nature:			
Prin	t Name:			
D.	Personal Data Questionnaire for Lea	se Guarantors	3	
	Name of Guarantor:			
	Address:			
	City:	State:	Zip:	
	Phone:			
	Relationship to Proposed Tenant:			

YOUR APPLICATION FOR LEASE WILL NOT BE CONSIDERED UNTIL ALL OF THE ABOVE REQUIRED ITEMS HAVE BEEN SUBMITTED TO THE PORT.



## AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

The undersigned hereby authorizes the companies and/or individuals listed below and on the reverse side to release to the SAN FRANCISCO PORT COMMISSION (Pier One, Accounting Department, San Francisco, CA 94111) all pertinent and confidential information concerning the credit standing or account status of:

Name of Proposed Tenant	
·	
Authorized Signature	Date

[Remainder of page intentionally left blank]

# III. DESCRIPTION OF PROPOSED TERM, USE, AREA, LOCATION, ACTVITIES AND REQUIRED LICENSES OR PERMITS

and activities that will occur on the Premises, including both indoor and outdoor uses, on a separate attachment, if necessary. Provide a complete and detailed explanation to facilitate the Port's lease review and approval process. Explain if any of the proposed uses are water-dependent or bay related.
Requested Amount of Space. Delineate by type of space (i.e., shed storage space, improved land, office space and by amount of square footage).
<b>Desired Location (if known).</b> Be specific (i.e., pier building number, outdoor area, ncluding nearest cross street). Include site map, if available.
Torm Cought (months / voors):
Term Sought. (months / years):
<b>lumber of Employees.</b> How many employees will be working on site in the course of normal daily operations?
Vill proposed use require interior or exterior alterations, improvements, epairs or demolition on the premises?
Describe in detail all alterations, improvement or repairs proposed, including estimated square footage of interior and exterior areas to be constructed or enovated in an attachment, if necessary.

Will any of the types of work listed belo preparation/construction of tenant Improvements Yes No	•	
If yes, please check those items which apply and pr need below listing any permits required, if known.	·	
Activity	Site Preparation	Ongoing Operation
Excavation (quantity in cubic yards)	rioparation	Operation
Fill (indicate if any pier repairs or new construction in or over the Bay is proposed)		
Utility Installation or Modification (including systems to handle sewage and storm water runoff)		
Demolition		
Work on Shoreline or Over Water		
Soil Borings or Groundwater Wells		
Vehicle Maintenance (including washing/oil change)		
Dredging		
Industrial Manufacturing, Production or Processing		
If improvements are proposed, including the connew structures, will they block the view to the bay		
Will tenant bring soil or construction materials to t	•	either for site
preparation or as part of ongoing operations?	Yes	No
		No
preparation or as part of ongoing operations?  If yes, please list the type and volume of material to be	pe transported	No
preparation or as part of ongoing operations?  If yes, please list the type and volume of material to be of the facility.	pe transported	No into and out
preparation or as part of ongoing operations?  If yes, please list the type and volume of material to be of the facility.	pe transported	No into and out
preparation or as part of ongoing operations?  If yes, please list the type and volume of material to be of the facility.	pe transported	No into and out

J. Many activities may require approvals from other agencies, which may include those listed below. Please indicate if your proposed operation may require any of these or other permits, along with further details/explanation on a separate attachment. Explanation attached:

City of San Francisco Health Department
Water Quality for Groundwater Well/Soil Borings
Hazardous Materials for Use and/or Storage of Hazardous Materials or Waste
Solid Waste Management
City of San Francisco Police Department

Entertainment / Amplified Sound

SF Bay Conservation Development Commission

State of California Solid Waste Board

Alcohol Beverage Control

Bay Area Air Quality Management District

Regional Water Quality Control Board (construction in or over water, storm water runoff from construction activities or on-going industrial operations)

Army Corps of Engineers (construction in water or shoreline)

Planning Commission Master Plan Referral

Conditional Use Permit

CEQA Environmental Review

Other (list):	

K.	Will tenant use or store any hazardous material, or generate any hazardous					ardous
	waste (e.g. used oil, solve	ent, cleaning	solutions	s) during	site prepara	ition or
	regular operations?	Yes	No			

If so, identify all such substances and operations and the quantities to be stored or used on the Premises. Please list any regulatory approvals required for these hazardous materials and waste operations on the Premises, as well as, other environmental reviews, if known. Please provide this information on a separate attachment, accompanied by a detailed and complete explanation to facilitate the Port's lease review and approval process. Explanation attached:

Fort's lease review and approval process. Explanation attached.						

If so, please provide details.	
Has the applicant ever been cited for a violation	
and safety laws, regulations, or permit requirem	nents? Yes
If so, please provide details	
List all materials and approximate quantities to b	e stored on premises. <i>F</i>
additional sheets (if necessary).	•
• • • • • • • • • • • • • • • • • • •	
additional sheets (if necessary).	
additional sheets (if necessary).  Type of Material	Quantity
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/fro	Quantity
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/frobasis?  Yes  No	Quantity om the premises on a d
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/fro	Quantity om the premises on a d
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/frobasis?  Yes  No	Quantity om the premises on a d
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/frobasis?  Yes  No	Quantity om the premises on a d
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/frobasis?  Yes  No	Quantity om the premises on a d
additional sheets (if necessary).  Type of Material  Will the proposed use involve truck traffic to/frobasis?  Yes  No	Quantity om the premises on a d

Q.	Will the operations create significant levels of noise that can be heard from locations adjacent to Port property?  Yes  No
	If so, please indicate during what times this noise will occur and provide an estimate of the level in decibels from the closest non-Port site.
R.	Has the proposed tenant ever had a lease, license or other tenancy with the Port?  Yes  No
	Identify the dates of this tenancy, location or tenancy, and facts concerning the termination or expiration of the tenancy.
For	Property Manager Use Only:
Nam	ne and Date of Lease License:
Leas	se / License #:
Statu	us of Account:



This Application must be signed, dated and accompanied by cash or cashier's check for the security deposit in an amount equal to two (2) months' rent. The security deposit is fully refundable if the parties do not enter into a lease. The Applicant herein understands and agrees that payment of a security deposit shall in no way be construed as an agreement, obligation or acceptance to lease by the San Francisco Port Commission.

The Undersigned Applicant, being the Proposed Tenant herein, hereby declares under penalty of perjury that the information set forth in this Application for Lease is true and correct.

Please note: (1) No alterations or improvements may be installed in the Premises without first obtaining a building permit from the Port Engineering Department and (2) No change in use shall be permitted in the Premises without an Approved Lease Amendment.

IF INDIVIDUAL(S):	
Signature:	Date:
Print Name:	
	Date:
Print Name:	
IF CORPORATION, PARTNERSHIP, LLC	OR LLP:
Print Name of Entity:	
By (Signature):	Date:
Print Name:	
Title:	
By (Signature):	Date:
Print Name:	
Title:	



## **TENANT CONTACT INFORMATION**

Tena	ant Name on Lease:					
	if applicable:					
Α.	Main Agreement REQUIRED (Primary Contact: Recipient of Port general emails, mailings, notices, agreement admin, insurance & parking)					
	Name (Last, First, M.I.): Mr / Mrs / Ms					
	Title:					
				Zip:		
	Phone:	Cellular:		Fax:		
	Email:			_		
	City:		State:	Zip:		
	Phone:	Cellular:		Fax:		
	Email:					
C.	<b>Emergency REQUIRED</b> (First person to be contacted in case of emergency)  Check if same as mailing address					
	Name (Last, First, M.I.): Mr / Mrs / Ms					
	Title:					
	Address:					
	City:		State:	Zip:		
	Phone:	Cellular:		Fax:		
	Email:					

# TENANT CONTACT INFORMATION (continued)

D.	<b>Legal Notice REQUIRED</b> (Contact responsible for legal issues involving tenant's agreement)						
	Check if same as mailing address						
	Name (Last, First	, M.I.): Mr / Mrs / Ms					
	Title:						
	City:		State:	Zip:			
	Phone:	Cellular:		Fax:			
	Email:						
E.	Local / Onsite NOT REQUIRED (Other than Primary Agreement Contact)						
<b>L</b> .		ame as mailing address		y Agreement Contact)			
		, M.I.): Mr / Mrs / Ms					
				Zip:			
				гах			
	EIIIaII.						
F.	<b>Insurance</b> (Tenant Employee responsible for insurance compliance, not broker)						
	Check if same as mailing address						
	Name (Last, First, M.I.): Mr / Mrs / Ms						
	Title:						
	Address:						
	City:		State:	Zip:			
	Phone:	Cellular:		Fax:			
	Email:						
				D			
Signa	ature:		MAIL to:	Port of San Francisco Attn: Real Estate Admin.			
				Pier One			
				San Francisco, CA 94111			
			FAX to:	(415) 274-0578			



# PART II Employer's Projection of Entry Level Positions

The following pages include information regarding the various City and County of San Francisco Ordinances and requirements for compliance of all Port Tenants.

Please review the attached information, as it is the tenant's responsibility to understand, adhere to, and submit the required information listed hereinafter.

#### What is the First Source Hiring Program?

The First Source Hiring Program was initially enacted into law (Chapter 83 of the City's Administrative Code) in San Francisco in August 1998. The ordinance has recently been modified in April 2006.

The intent of First Source is to connect economically disadvantaged San Francisco residents with entry-level jobs that are generated by the City's investment in contracts or public works; or by business activity that requires approval by the City's Planning Department or permits by the Department of Building Inspection.

#### What Projects qualify under First Source?

- Any activity that requires discretionary action by the City's Planning Commission related to a commercial activity over 25,000 square feet including, but not limited to conditional use, project authorization under San Francisco Planning Code Section 309 and office development under Planning Code Section 320, et sec.
- Any building permit applications for a residential project over 10 units.
- City issued public construction contracts in excess of \$350,000.
- City contracts for goods and services in excess of \$50,000.
- Leases of City property.
- Grants and loans issued by City departments in excess of \$50,000.

#### How does First Source work?

- Businesses or non-profits that qualify as First Source employers according to the definitions above are required to project
  the number of entry-level job openings they expect during the contract period and provide that information to the First
  Source Hiring Administration or their designee.
- First Source employers are required to post their entry-level openings with First Source and proactively work with First Source to accept and consider qualified candidates that are referred to these positions.
- While First source does not require an employer to hire a specific candidate, it does require that employers make a good faith effort to hire referrals from San Francisco's Workforce Development System.

#### First Source Hiring Recruitment Process

- Step 1: Complete/submit a projection form of entry-level position.(s)
- Step 2: Submit a job description with a designated First Source Hiring representative w/in 10 of posting publicly.
- Step 3: The citywide workforce system will provide qualified candidates to a recruiter who will manage the screening and referral process for your business. This includes communication, tracking, and facilitating the interview schedule, logistics and feedback process
- Step 4: Make a good faith effort to interview and hire referrals from the City's workforce development system.
- Step 5: Submit Verification of any hires made with your designated First Source Hiring representative.
- \*Entry-level jobs are defined as those non-managerial position that require either no education above a high school diploma (or equivalency) OR no more than 2 years of specific training or work experience.

#### How to Contact First Source?

You can contact the First Source Hiring Program at (415) 581-2322; or by emailing <u>tiffany.garcia@sfgov.org</u>. More information can be found at <a href="http://www.workforcedevelopmentsf.org/">http://www.workforcedevelopmentsf.org/</a>

### City and County of San Francisco



### First Source Hiring Program

Office of Economic and Workforce Development Workforce Development Division

## PART II

#### NON-CONSTRUCTION FIRST SOURCE EMPLOYER'S PROJECTION OF ENTRY LEVEL POSITIONS

By signing this form, employers agree to participate in the San Francisco Workforce Development System established by the City and County of San Francisco, and comply with the provisions of the First Source Hiring Program pursuant to Chapter 83 of the San Francisco Administrative Code. As an indication of good faith efforts to comply with First Source, the Employer must fill out this form at commencement of contract/tax year to indicate:

- For a Tenant/Sub-tenant, the number of <a href="Entry Level Positions"><u>Entry Level Positions</u></a> in the company that are currently filled and those that are currently available on premises leased by the City of San Francisco.
- For the successful Developer, Contractor, or Subcontractor, <u>Entry Level Positions</u> that are currently filled and those that will be available during construction work.
- For a tenant of a private commercial project that falls under Chapter 83 provisions of the City Administrative Code, the number of <a href="Entry Level Positions">Entry Level Positions</a> that are currently filled and those that will be available within the lease holding business at project address.
- For companies applying for the Biotech Payroll Tax Exclusion and Central Market Street and Tenderloin Area Payroll Expense Tax
  Exclusion, the number of <u>Entry Level Positions</u> that are currently filled and those that will be available in the current tax year.
- For a successful organization awarded a City contract in excess of \$50,000, the number of <u>Entry Level Positions</u> that are currently filled and those that will be available within the business or non-profit organization.
- If positions listed are subject to collective bargaining agreements.

Note: If an Entry Level Position becomes available during the term of the lease and/or contract, Employer must notify the First Source Hiring Administration.

Entry Level Position means a non-managerial position that requires either no education above a high school diploma or certified equivalency, or

less than two (2) years of training or specific preparation. Apprenticeship positions should be included. Type of Employer (check one): Subtenant Tenant Developer **Biotech Payroll Tax Exclusion applicant** Contractor "Scene in San Francisco" Rebate applicant Subcontractor Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion applicant Identify Project or Construction Project (if applicable): City Department (if Contract or Lease): Contact Person: Name of Employer: Street Address: City: State: Zip: Telephone: Fax: Email: Signature of authorized employer representative Date

Entry-Level Position Title	Number Currently Filled	Number Currently Available	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)

Please fax, email, or mail this form SIGNED to:

Attn: Business Services Tel: 415-701-4848 Fax: 415-701-4897 FRST SOURCE HIRING CITY & COUNTY OF SAN FRANCISCO



Tenant of the San Francisco Port Commission Pier 1, San Francisco, CA 94111 (415) 274-0400

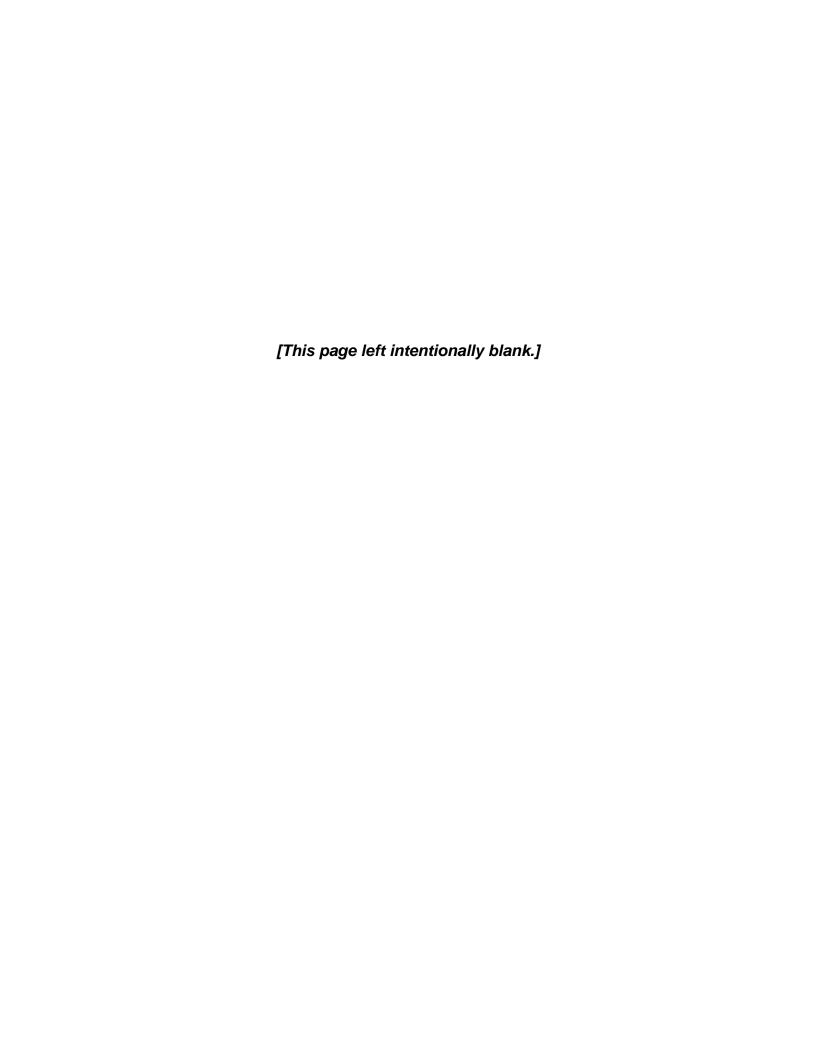


# PART III Human Rights Commission

Contract Monitoring Division: Equal Benefits Program Under Chapter 12B

The following pages include information regarding the various City and County of San Francisco Ordinances and requirements for compliance of all Port Tenants.

Please review the attached information, as it is the tenant's responsibility to understand, adhere to, and submit the required information listed hereinafter.





## CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION

## **PART III**

## S.F. ADMINISTRATIVE CODE CHAPTER 12B EQUAL BENEFITS PROGRAM

Pursuant to Chapter 12B of the San Francisco Administrative Code, the groundbreaking law known as the Equal Benefits Ordinance requires firms that provide goods or services to the City and County of San Francisco to administer benefits equally to employees with domestic partners and employees with spouses.

San Francisco's law was the first Equal Benefits Ordinance in the United States. Nineteen other jurisdictions subsequently adopted Equal Benefits Ordinances.

Since 1997, more than 20,000 businesses have achieved compliance with the Equal Benefits Ordinance. These firms employ a pool of over 5.7 million people nationwide. The advantages of the Chapter 12B Equal Benefits Ordinance extend beyond this group to the uncounted dependents who participate in domestic partner benefits

#### **INSTRUCTIONS**

The City and County of San Francisco is using a new enterprise management system. All businesses now register, view and submit bids, sign contracts, and update contact/banking/compliance information online! Follow the link below to register compliance with the 12-B Equal Benefits Program:

https://sfgov.org/cmd/12b-equal-benefits-program

### **Contract Monitoring Division**

Equal Benefits Unit 30 Van Ness Avenue, Suite 200 San Francisco, CA 94102

415-581-2310 cmd.equal.benefits@sfgov.org