



LEASING APPLICATION PACKAGE FOR LEASE RENEWALS

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PART I
Leasing Application
for
Lease Renewals

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PART I: LEASING APPLICATION FOR LEASE RENEWALS

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

Date: _____

I. TENANT LEGAL NAME / BUSINESS TYPE

A. Name / Address of Tenant

Full Legal Name of Proposed Tenant: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Existing Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

How Long at the Premises: _____

Contact Person: _____ Phone: _____

II. LEGAL STATUS

A. Fictitious Business Name Statement (if applicable)

Not Applicable

Operating Name: _____

When/Where Filed: _____

B. Type of Business Entity

Corporation Mutual Benefit Sub Not-for-Profit

Partnership: General Limited

Limited Liability Company (LLC)

Limited Liability Partnership (LLP)

Sole Proprietor(s)

Franchise

Other (please explain): _____

C. If tenant is a corporation or LLC, please complete the following:

State of Incorporation: _____

Date of Incorporation: _____

Local Agent for Service of Process:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List all officers and directors of the corporation or members of the LLC:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Attach a copy of the statement by domestic stock corporation.

D. If tenant is a general or limited partnership, please list all general partners:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SS#: _____

Attach a copy of the Articles of Organization.

E. Who will sign the lease?

Name: _____ Title: _____

Name: _____ Title: _____

(If tenant is a corporation, two signatories are required. Both must be corporate officers or persons who are authorized by the corporation to enter into contracts.)

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

A. Proposed Uses (including Ancillary or Support Uses). Describe the operations 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.

B. Requested Amount of Space. Delineate by type of space (i.e., shed storage space, improved land, office space and by amount of square footage).

C. Additional Desired Location (if known). Be specific (i.e., pier building number, outdoor area, including nearest cross street). Include site map, if available.

D. Term Sought. (three-year minimum): _____

E. How many employees will be working on site in the course of normal daily operations?

F. Will proposed use require interior or exterior alterations, improvements, repairs or demolition on the Premises? Yes No

Describe in detail all alterations, improvement or repairs proposed, including estimated square footage of interior and exterior areas to be constructed or renovated in an attachment, if necessary.

- G. Will any of the types of work listed below be required for site preparation/construction of tenant Improvements or ongoing operations?**
 Yes No

Please provide explanation for any of the items checked below which will apply and list any permits required, if known.

Activity	Site Preparation	Ongoing Operation
Excavation (quantity in cubic yards)		
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		

Explanation: _____

- H. If improvements are proposed, including the construction of placement of new structures, will they block the view to the bay?**
 Yes No Unknown

- I. Will tenant bring soil or construction materials to the Premises, either for site preparation or as part of ongoing operations?** Yes No

List the type and volumes of material to be transported into and out of the facility.

Type of Material	Volume

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
- Hazardous Waste for Soil Excavation/Management
- 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 waste (e.g. used oil, solvent, cleaning solutions) during site preparation 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:

L. Please list any permits or authorizations from environmental regulatory agencies currently or formerly held by applicant.

If so, please provide details. _____

M. Has the applicant ever been cited for a violation of environmental or health and safety laws, regulations, or permit requirements? Yes No

If so, please provide details. _____

N. List all materials and approximate quantities to be stored on premises. Attach additional sheets (if necessary).

Type of Material	Quantity

O. Will the proposed use involve truck traffic to/from the premises on a daily basis? Yes No

If so, please describe the average number of daily truck trips.

P. What are the proposed days and hours of operation at the premises?

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.

IV. FINANCIAL INFORMATION ABOUT PROPOSED TENANT

A. Bank References

(1) Name of Bank or S&L: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact Name: _____

Account #: _____ Type of Account: _____

Did you remember to include?

Articles of Organization

Statement of Domestic Stock Corporation

Financial Statements of Company or Tax Returns (three years)

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

PLEASE NOTE THAT ALL NEW LEASE DOCUMENTS WILL CONTAIN PROVISIONS ADDRESSING ALL APPLICABLE CITY ORDINANCES AND CODES SUCH AS NON-DICRIMINATION, HEALTH CARE ACCOUNTABILITY ORDINANCE, FIRST SOURCE HIRING, SUNSHINE ORDINANCE, ETC.

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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: _____

Signature: _____ 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: _____

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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

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TENANT CONTACT INFORMATION

Tenant Name on Lease: _____

dba, if applicable: _____

- A. 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____ Fax: _____

Email: _____

- B. Billing REQUIRED** (Recipient of all invoices, statements and billing issues)

Check if same as mailing address

Name (Last, First, M.I.): Mr / Mrs / Ms _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____ Fax: _____

Email: _____

- C. Emergency REQUIRED** (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. Legal Notice REQUIRED (Contact responsible for legal issues involving tenant's agreement)

Check if same as mailing address

Name (Last, First, M.I.): Mr / Mrs / Ms _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____ Fax: _____

Email: _____

E. Local / Onsite NOT REQUIRED (Other than Primary Agreement Contact)

Check if same as mailing address

Name (Last, First, M.I.): Mr / Mrs / Ms _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____ Fax: _____

Email: _____

F. Insurance (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: _____

Signature: _____

Print Name: _____

Date: _____

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.

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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 **Entry Level Positions** 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, **Entry Level Positions** 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 **Entry Level Positions** 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 **Entry Level Positions** 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 **Entry Level Positions** 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):

- Tenant
- Developer
- Contractor
- Subcontractor
- Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion applicant
- Subtenant
- Biotech Payroll Tax Exclusion applicant
- "Scene in San Francisco" Rebate applicant

Identify Project or Construction Project (if applicable):

City Department (if Contract or Lease):

Name of Employer:

Contact Person:

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



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

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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.

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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