

# APPLICANT CONTACT INFORMATION

Full legal name of applicant:		
Municipal ownership, if any:		
If not a corporation, name(s) of owners of partners:		
DBA, if applicable:		State of incorporation, if applicable:
Contact name:		Contact phone:
Business address:		Zip+4 (REQUIRED):
Contact email:		
Rail customer of Watco? Y/N	If yes, track or ID:	

# APPLICANT BILLING INFORMATION

Same as Above

Bill-to company:		
Billing contact name:	Billing contact phone:	
Billing mailing address:	Zip+4 (REQUIRED):	
Billing email address:		

## LEASE LOCATION AND DETAILS

Name of Terminal or Port (if known):					
Leased premises address, City, County, State:					
Requested effective date:			Requested te	ermination date:	
Requested amount of BLDG square footage and location within building if demising:				mount of LAND ge or acreage:	
Detailed description of intended use of leased premises, interior and/or exterior:					
Does applicant own or lease any adjacent premise(s)? Y/N		lf yes, provide address(es).			
List all commodities, equipment, and company- owned vehicles to be stored or used on premises, interior and/or exterior. **					
Will a storage tank or tanks be installed on the leased site? ** Y/N		If yes, above or below ground?		lf yes, tank size(s):	
If a storage tank or tanks will be installed, list product(s) the tank(s) will contain. **					
Will hazardous materials or petroleum products be generated or handled on site? ** Y/N		If yes, describe.			
List Standard Transportation Commodity Codes (STCC) for each item to be stored and/or transloaded.					

If requesting LAND only, are buildings or structures currently located on site? Y/N	If yes, describe.	
Will improvements be constructed on site? Y/N	If yes, describe and include estimated cost(s).	
Will third-party financing be involved? Y/N	If yes, indicate length of term requested.	
Do any unsatisfied judgements or liens exist against the applicant? Y/N	If yes, describe.	
Does applicant plan to sublease to another party? Y/N	If yes, duplicate above information for sublease and forward with application.	

### THIRD-PARTY CONSULTANT INFORMATION

Preparer company name:		
Preparer contact name:		
Preparer business address:		
Preparer phone:	Preparer email:	

#### **INCULDE WITH APPLICATION:**

One (1) digital copy of an aerial map of property requested for lease with site location(s) clearly identified/outlined One (1) digital copy of architectural rendering(s) or stamped engineering plan(s) if improvements are planned \*\*One (1) digital copy of each Safety Data Sheet (SDS) for each commodity to be stored and/or transloaded

### **PROCESS:**

Submission of a completed application does not guarantee approval and execution of the requested lease.

Please allow up to 10 business days for review and – if approved – to receive both a lease for your review and an invoice for the first payment. Certain applications – particularly those requiring review of development projects - may require additional time to review.

#### **AGREEMENT EXECUTION:**

Prior to full execution of the lease, Lessee will need to return the signed lease, first lease payment, and a certificate of insurance meeting all requirements presented in lease Exhibit B. The Lessor will sign and execute the lease once all required items are received. Incomplete applications will cause delay.

### SUBMIT APPLICATION TO:

RealEstate@Watco.com or to specific Terminal or Port Real Estate Property Manager email address if known.

If, in the opinion of the Terminal or Port, sufficient hazard is involved, Terminal or Port will supply flagmen with proper advanced notice; or, if any work or activities require removal, replacement, modification, or locating of track, bridges, signals, railroad wires or pipelines, roads, or the supply of Terminal or Port engineering or supervision, the applicant agrees that the full cost of such Terminal or Port services will be borne by the applicant.

Signature of Applicant

Title

Date