

Application for Land and/or Building Lease Terminals and Ports

APPLICANT / LESSEE CONTACT INFORMATION

If a third party is completing this form, please add third-party contact info under "THIRD-PARTY CONSULTANT INFORMATION" section on the next page.

Full legal name of applicant:								
Municipal ownership, if any:								
If not a corporation, name(s) of owners of partners:								
DBA, if applicable:	applicable:			State of incorporation, if applicable:		e:		
Contact name:				Contact phone:				
Business address:				Zip+4 (REQUIRED):				
Contact email:								
Rail customer of Watco? Y/N	If yes, to	rack or ID:						
BILLING INFORMATION – For Lease Payments(s) Same as Above								
Bill-to company:								
Billing contact name:				Billing contact phone:				
Billing mailing address:				Zip+4 (REQUIRED):				
Billing email address:								
LEASE LOCATION AND DET	AILS							
Name of Terminal or Port (if known	wn):							
Leased premises address, City,	County, State:							
Requested effective date:			Requested termination date:		tion date:			
Requested amount of BLDG square footage and location within building if demising:			Requested amount of LAND square footage or acreage:					
Detailed description of intended premises, interior and/or exterior				.				
Does applicant own or lease any adjacent premise(s)? Y/N		If yes, praddress						
List all commodities, equipment, owned vehicles to be stored or u premises, interior and/or exterior	sed on							
Will a storage tank or tanks be installed on the leased site? ** Y/N		If yes, all below gr		If ye size	s, tank s):			
If a storage tank or tanks will be product(s) the tank(s) will contain								
Will hazardous materials or petroleum products be generated or handled on site? ** Y/N		If yes, de	escribe.					

Signature of Applicant	Title			 Date	
notice; or, if any work or activities	s require removal, repla y of Terminal or Port e	acement, modification, ngineering or supervis	or locating of trac	oly flagmen with proper advanced ck, bridges, signals, railroad wires t agrees that the full cost of such	
RealEstate@Watco.com or to sp		Real Estate Property	Manager email a	address if known.	
items are received. Incomplete a	applications will cause		Will Sign and GAC	outo the lease office all required	
Prior to full execution of the leas insurance meeting all requireme					
AGREEMENT EXECUTION:	:				
Please allow up to 10 business of the first payment. Certain application to review.					
Submission of a completed appl	lication does not guarar	ntee approval and exe	cution of the requ	uested lease.	
PROCESS:					
INCULDE WITH APPLICATIOne (1) digital copy of an aerial One (1) digital copy of architectu**One (1) digital copy of each Sa	map of property requesural rendering(s) or star	mped engineering plan	(s) if improveme	nts are planned	
Preparer phone:			Preparer email:		
Preparer business address:					
Preparer contact name:					
Preparer company name:					
THIRD-PARTY CONSULTA	NT INFORMATION				
Does applicant plan to subleas party? Y/N	se to another	If yes, duplicate above information for sublease and forward with application.			
Do any unsatisfied judgements or liens exist against the applicant? Y/N		If yes, describe.			
Will third-party financing be involved? Y/N		If yes, indicate length of term requested.			
Will improvements be constructed on site? Y/N		If yes, describe ar estimated cost(s).	nd include		
If requesting LAND only, are buildings or structures currently located on site? Y/N		If yes, describe.			
(STCC) for each item to be sto	red and/or transioaded				