



# Application Form for License Agreement.

Date ----- Application / Company Name -----

**Address of Container applied for (Wisbech, Sleaford, Oakham):**

|   |  |  |
|---|--|--|
| <b>Telephone Number/Mobile</b>  |  |  |
| <b>Present Trade Address or Home Address<br/>Street / Town / County /<br/>Post code</b> |  |  |
|   |  |  |
|   |  |  |
| <b>Email Addresses x 2</b>  |  |  |

If at the above address for less than five years please put the previous address on the reverse side of this form. If the above is a business address please put the applicant's home address on the reverse.

| General Detail Required.  | Yes, No, qty. | General Detail Required.                                    |  |
|---|---------------|---|--|
| What will the Container store be used for.  |               | Start Date for lease commencing.                            |  |
| Length of lease required.   |               | Is the applicant able to meet the monthly or yearly fee.    |  |
| Is the applicant aware that no responsibility is taken for the security or damage to contents stored. |               | Has the applicant had any criminal convictions of any kind. |  |

**References** Please supply above at least two references of either employment/previous Landlord / a trade account

|                      |  |                             |  |                     |  |                             |  |
|----------------------|--|-----------------------------|--|---------------------|--|-----------------------------|--|
| Name                 |  |                             |  | Name                |  |                             |  |
| Position             |  |                             |  | Position            |  |                             |  |
| Company/<br>Bank     |  |                             |  | Company/<br>Name    |  |                             |  |
| Address              |  |                             |  | Address             |  |                             |  |
| Address              |  | Post Code                   |  | Address             |  | Post Code                   |  |
| No. Yrs<br>Connected |  | Contact Telephone<br>number |  | No yrs<br>connected |  | Contact Telephone<br>Number |  |

Please return this application form to: **Sub Developments, Illston Grange, Leicester, LE7 9EA** [david@boxpod.co.uk](mailto:david@boxpod.co.uk)

Please ensure this application form is completed in full with all necessary detail eg Post Codes etc.

**Further Comments Please list on reverse.**

The details given in this application are true and honest

**Print Name** -----

**Signature** -----