



Property Information

Hold New Listing* YES / NO

(If you choose "Yes" to Hold New Listing, your listing will be held in abeyance with a status of "Hold" and will NOT be displayed in CARETS search results. You will still be able to view and edit this listing along with your other active listings. Listings in "Hold" status will NOT go out on Hot Sheets until they are changed to "New" status. If you choose "No" to Hold New Listing, your listing will be immediately available for searches and will have a status of "New".)

Map Information

Vicinity _____ TB Map/Grid _____/_____

Other Map Page _____ Zoning _____

Market (MKT) Area* _____

Property/ Building Name* _____

Street Direction1 _____

Street Number* _____

Street Direction2 _____

Street Name* _____

2nd Address _____

City* _____ State* _____ Zip* _____

County* _____ Country _____

Website Information:

URL: (i.e. http://www.CARETScommercial.com) _____

Name: (i.e. CARETS Commercial) _____

Agent List Date Information

Listing:	Agent/ Office:	Showing Instructions:
Listing Date _____	Listing Agent ID* _____	<input type="checkbox"/> View With Discretion
List Price* _____	Listing Office ID* _____	<input type="checkbox"/> Call Listing Agent
Selling Commission* _____	2 nd List Agent ID _____	Showing Instructions
Selling Exclusions* YES / NO	3 rd List Agent ID _____	_____
Expiration Date* _____	4 th List Agent ID _____	_____
Picture Requested* YES/NO		_____

Business Information

Lease Information:

Monthly Rent (base) _____ Monthly NNN/CAM _____

Equip Rent Monthly _____ Lease Expiration _____

Assignable: YES / NO

Renewal Option: YES / NO

Rent Increase _____

Number of Employees*

Full Time* _____ Part Time* _____

Special Licenses*

Beer/ Wine*	YES / NO / UNKNOWN
Class H*	YES / NO / UNKNOWN
Professional*	YES / NO / UNKNOWN
Gambling*	YES / NO / UNKNOWN
None*	YES / NO / UNKNOWN

Business Information (continued)

Business Opportunity Category:*

- | | |
|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Grocery |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Service | <input type="checkbox"/> Profession Practice |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Gas Station |
| <input type="checkbox"/> Food & Bev. | <input type="checkbox"/> Other |

Proposed Terms:

All Cash* YES / NO

Seller Terms* YES / NO

Minimum Down _____

Note Term _____

Interest _____

Form of Ownership*

- Corporation
- Partnership
- Sole Proprietor
- Franchise

Business Characteristics:

Type/ Name of Business* _____

Hours of Operation _____

Days Open _____

Year Established* _____

Leasable SF _____

of Parking Available _____

Seating Capacity _____

of Years Currently Owned _____

Living Quarters YES / NO

Living Quarters Description

Financial Information

Operating Information:

___ Proforma ___ Actual ___ Unknown

Annual Gross Income* _____

Operating Expenses* _____

Net Profit* _____

Expenses Include Owner Salary: YES / NO

Owners Salary _____

Number of Owners _____

Hours Owner Works/Week _____

Sellers Reason for Selling:

Documents :

Available w/ Accepted Offer: YES / NO / UNKNOWN

Profit/Loss Statement # Yrs _____

Balance Sheet # Yrs _____

Schedule C # of Years _____

YTD Operating Statement: YES / NO / UNKNOWN

Selling Price Includes:

Real Property: YES / NO

CARETS # _____

Inventory: YES / NO

Inventory Value _____

Fixtures and Equip: YES / NO

Fixtures and Equip Value _____

Business Phone: YES / NO

Trade Name: YES / NO

Excluded Items: YES / NO

