

PROPOSAL TO LEASE

PREMISES: Block 2 of the plat or map of the Old Town of Robinson, McLennan County, Texas consisting of 3.5064 acres [Common address: 200 S. Old Robinson Road, Robinson, Texas 76706]. Formerly the Youngblood Presbyterian Church—two (2) structures. **OWNER:** CITY OF ROBINSON, TEXAS

NAME [must be the actual proposed tenant]: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT PERSON: _____

CONTACT PERSON TELEPHONE: _____

E-MAIL: _____

LEGAL FORM [individual, corporation, partnership, etc.]: _____

PROPOSED USE OF PREMISES: _____

PROPOSED RENTAL: _____ per month

PROPOSER ACKNOWLEDGES THAT THE REQUIREMENTS ATTACHED HERETO AS APPENDIX A APPLY AND VERIFIES THAT IT WILL COMPLY WITH AND ACCEPT THOSE REQUIREMENTS:

_____ YES _____ NO

THE APPLICATION TO LEASE ATTACHED HERETO AS ATTACHMENT B MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

PROPOSER: _____

BY: _____

TITLE: _____

DATE: _____

APPENDIX A

The lease of the property is subject to the following requirements, conditions and/or limitations:

1. The Lessee will be responsible for routine maintenance, taxes (if any), utilities, and operational expenses.
2. The Lessee must carry liability insurance with limits of not less than \$300,000 per person and \$500,000 per occurrence, and the City must be named as an additional insured.
3. If the Lessee desires insurance coverage for contents and Lessee-owned items, Lessee must obtain its own property/renter's insurance for the same.
4. Lessee must execute a lease agreement acceptable to the City and its legal counsel, and no contract will be formed until the lease is executed.
5. The property may only be used for a purpose that is a permitted use (without a special use permit) in the zoning district in which it is located, which is SF-1.
6. The initial term of lease will be three (3) years, with the opportunity for up to three (1) one year renewals on mutual agreement of the parties to renew.
7. **The Lease will be cancellable by the City at any time for its own convenience or purposes on 90 days' notice. Such cancellation will not be a breach of the Lease or entitle the Lessee to any damages.**
8. **The minimum rental that will be considered is \$1,000 per month.**
9. **A security deposit of two times the rent will be required at the lease signing.**
10. **No assignment of the lease or subleasing will be allowed.**
11. **No representation is made as to the suitability of the property for any particular purpose or the Lessee's intended purpose, and the property will be leased "AS-IS" and "WITH ALL FAULTS".**

APPENDIX B

APPLICATION TO LEASE

Applicant Name: _____

Address: _____

Telephone: _____

Form:

If other than an individual, state the legal form of the applicant:

☐ corporation

☐ unincorporated association

☐ partnership

☐ limited liability company

☐ other: _____

State of Formation: _____

D/B/As, if any: _____

Financial Status:

Cash and cash equivalents: \$ _____

Non-cash assets: \$ _____

Debt: \$ _____

Average monthly revenue: \$ _____

Average monthly expenses: \$ _____

[Documentation may be required.]

Leasing History:

Has the Applicant leased any other premises during the past 10 years? ____ Yes ____ No

If "yes," identify for each premises, including the address, landlord, and lease period. _____

(use additional sheets if needed)

Has the Applicant ever been evicted or asked by a landlord to vacate a leased premises?

___ Yes ___ No

If "yes," please explain in detail: _____

(use additional sheets if needed)

Does the Applicant have any judgments or liens against it? ___ Yes ___ No

If "yes," please explain in detail: _____

(use additional sheets if needed)

Please list all officers and directors of the Applicant, along with their addresses. [As used herein the term "officers and directors" includes any person that is a member of the governing body of an entity or association or who holds a position of authority with regard to the entity or association beyond that of general membership]:

Please identify three (3) references not affiliated or related to the Applicant, including contact information:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT:

Applicant:

By: _____
Signature

[printed name]

Its: _____

Date: _____