



**Tenant Relations**  
 445 Challenger Road, Suite 301  
 Cape Canaveral, FL 32920  
 Phone: (321) 783-7831  
 Fax: (321) 783-5971

## OCCUPANCY REGISTRATION FORM

LEASE INFORMATION					
SUBTENANT NAME					DATE
DBA			SUBTENANT OF (LESSOR)		
TYPE OF BUSINESS		DATE OPENED (assumed, transferred, relocated)		NUMBER OF EMPLOYEES (including owner)	
PORT ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (if different from above)			CITY	STATE	ZIP
DETAILED USE OF PROPERTY					
CONTACT'S NAME			SIC NUMBER		
BUSINESS NUMBER (including extension)		FAX NUMBER	WEBSITE ADDRESS		
MOBILE NUMBER		HOME TELEPHONE NUMBER	EMAIL ADDRESS		
SUBTENANT'S SIGNATURE OF APPROVAL					DATE
LANDLORD'S SIGNATURE OF APPROVAL (A COPY OF SUB-LEASE AGREEMENT AND INSURANCE MUST BE ATTACHED)					DATE
SAFETY INFORMATION					
LIST HAZARDOUS MATERIALS					
LOCATION OF HAZARDOUS MATERIALS (be specific)					
MATERIAL SAFETY DATA SHEET ON SITE <input type="checkbox"/> Yes <input type="checkbox"/> No Location: _____			DO YOU PERFORM VEHICLE MAINTENANCE ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DO YOU WASH VEHICLES ON PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No		FIRE ALARM SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF FIRE ALARM COMPANY		
ADDRESS OF FIRE ALARM COMPANY			CITY	STATE	ZIP
PLEASE LIST THE NAMES AND CONTACT INFORMATION OF PERSONNEL WHO HOLD KEYS TO THE FACILITY					
NAME	ADDRESS		CONTACT NUMBER(S)	KEYS	
1)	Home: _____		Hm: _____	<input type="checkbox"/> Building	
	Email: _____		Mobile: _____	<input type="checkbox"/> Alarm	
2)	Home: _____		Hm: _____	<input type="checkbox"/> Building	
	Email: _____		Mobile: _____	<input type="checkbox"/> Alarm	
3)	Home: _____		Hm: _____	<input type="checkbox"/> Building	
	Email: _____		Mobile: _____	<input type="checkbox"/> Alarm	
PUBLICATIONS AND OTHER COMMUNIQUES					
<b>Tenant/Subtenant Notification:</b> Information regarding upcoming events, meetings, seminars, conferences, hurricane briefings, and other important information is disseminated to Port Canaveral stakeholders on a regular basis.					
<b>BEST METHOD(S) OF COMMUNICATION</b> <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Other _____					
PUBLISH WEBSITE ADDRESS IN PORT DIRECTORY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			PUBLISH EMAIL ADDRESS IN PORT DIRECTORY <b>(Above email address will be used unless noted otherwise)</b>		
PUBLISH NAME, ADDRESS, TELEPHONE & FAX IN PORT DIRECTORY <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____		