

**CRESCENT PLAZA CONDOMINIUM ASSOCIATION, INC.**  
**APPLICATION FOR CHANGE OF USE, SALE, TRANSFER OR LEASE**

This application is submitted for consideration by the Board of Directors of Crescent Plaza Land Condominium Association, Inc. of a proposed \_\_\_\_\_ [please identify whether you are seeking approval of a proposed change of use, sale, other transfer, or lease/sublease] of address \_\_\_\_\_ Crescent Plaza, \_\_\_\_\_ [please insert mailing address].

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone for Applicant: \_\_\_\_\_

FEIN for Applicant: \_\_\_\_\_

Name of Principal Contact for Applicant: \_\_\_\_\_

E-mail Address of Principal Contact for Applicant: \_\_\_\_\_

Please describe the type of business, goods or services expected to be furnished out of \_\_\_\_\_, (address) at crescent Plaza:

\_\_\_\_\_  
\_\_\_\_\_

**Please note that there are restrictions in place against operating any business or providing any service(s) or goods for consideration or compensation at Crescent Plaza, that is the same or substantially like a business already being operate out of another Unit within Crescent Plaza Condominium Association. \_\_\_\_\_ [Initial]**

\* Once completed, please return to the property management company for the Association:

**Application Fee (Non-Refundable) \$150.00 payable to Crescent Plaza**

**Processing Fee (Non-Refundable) \$50.00 payable to CAMS by Stacia**

**Please make sure a copy of the Purchase Contract or Lease with all Addendums is sent with the Application and Fees.**

**Send to: CAMS by Stacia (Community Association Management by Stacia, Inc.)**

Crescent Plaza Condominium Association, Inc.

**Mail:** 1800 2nd Street, Suite 853 Sarasota, FL. 34236 **Office (941) 315-8044** Email: [office@cam-ss.com](mailto:office@cam-ss.com)

**\*\* No change of use to include sale, transfer, lease, sublease, or change of use by the current owner may be executed until a written approval from the Property Management company is obtained.**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

\_\_\_\_\_ Board Signature [Sign]

\_\_\_\_\_ [Date]

## Crescent Plaza Purchase and or Lease Background Check Application

**APPLICANT:** Please print neatly. Information that is not legible will delay the process of this application.

Full Legal Name: Maiden/Alias:
Current Street Address: City: State: Zip:
Phone:
Driver's License Number: State of ID:
Social Security Number: Date of Birth:
Employer: Occupation: Salary:
Address: City: State: Zip:
Supervisor: Phone: Dates of Service:
<b>IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:</b>
Have you ever been evicted?
Have you filed bankruptcy in the last 7 years?
Have you ever been arrested or convicted of a misdemeanor or felony?

<b>CO-APPLICANT:</b>
Full Legal Name: Maiden/Alias:
Driver's License Number: State of ID:
Social Security Number: Date of Birth:
Employer: Occupation: Salary:
Address: City: State: Zip:
Supervisor: Phone: Dates of Service:
<b>IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE EXPLAIN:</b>
Have you ever been evicted?
Have you filed bankruptcy in the last 7 years?
Have you ever been arrested or convicted of a misdemeanor or felony?

CURRENT LANDLORD:
Name: Phone:
How long have you lived at this address: Current rent: Reason for move:
PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS:
Street: City: State: Zip:
Landlord's Name: Phone: Reason for move:

I understand that an investigative background inquiry is to be done, including but not limited to identity and prior address(es) verification, criminal history, credit history, employment verification, reason(s) for termination, work, and other references. I understand that for the purpose of this inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, and private sources which may maintain records concerning my past activities relating to possible criminal conduct civil court litigation, driving history and credit performance as well as other information. I authorize without reservation, any company, agency, party, or other source contacted to furnish the above information.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse or Co-Signer Signature: \_\_\_\_\_

Date: \_\_\_\_\_