

# HICENTRAL MLS, LTD. PROPERTY TYPE—BUSINESS

**KEYWORDS:** Fill in the boxes for each keyword. (\*) items denote required entries for adding a listing. (RC)s denote conditionally required entries for adding a listing.

## MLS INFORMATION

\***TMK #:** \_\_\_\_\_ **\*Listing Agent MLSID:** \_\_\_\_\_ **\*MLS #:** \_\_\_\_\_  
 Div/Zone/Sec/Plat/Parcel/CPR Co-Listing Agent MLSID: \_\_\_\_\_ **\*List Price:** \_\_\_\_\_

## GENERAL LISTING INFORMATION

\***Land Recorded:** \_\_\_\_\_ **\*Listing Type (ER/EA):** \_\_\_\_\_ **\*Listing Date:** \_\_\_\_\_ **\*Listing Exp Date:** \_\_\_\_\_  
**\*Compensation:** \_\_\_\_\_ **Comp. Subject To:** \_\_\_\_\_ **\*Dual Variable Comp:** \_\_\_\_\_ **Comp. Method:** \_\_\_\_\_  
**Foreclosure:** \_\_\_\_\_ **Advertise Date:** \_\_\_\_\_ **Auction Date:** \_\_\_\_\_ **\*G.E. Tax Paid By Seller:** \_\_\_\_\_  
**\*Show Internet:** \_\_\_\_\_ **(RC)Show Addr Internet:** \_\_\_\_\_ **\*Lockbox:** \_\_\_\_\_ **Foreclosure No:** \_\_\_\_\_  
**Comm. Space Lease:** \_\_\_\_\_ **\*Days Open:** \_\_\_\_\_ **Lockbox Serial #:** \_\_\_\_\_  
**\*Listing Service:** \_\_\_\_\_

## ADDRESS

\***Street #:** \_\_\_\_\_ **Street Dir Prefix:** \_\_\_\_\_ **\*Street Name:** \_\_\_\_\_ **\*Street Suffix:** \_\_\_\_\_  
**\*City:** \_\_\_\_\_ **\*Zip Code:** \_\_\_\_\_ **\*State:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_

## SCHOOLS

**Elementary School:** \_\_\_\_\_ **Middle School:** \_\_\_\_\_ **High School:** \_\_\_\_\_

## PROPERTY INFORMATION

\***Floor #:** \_\_\_\_\_ **SIC:** \_\_\_\_\_ **# of Stories:** \_\_\_\_\_ **Building Name:** \_\_\_\_\_  
**\*Zoning:** \_\_\_\_\_ **\*Flood Zone Code:** \_\_\_\_\_ **Land SQFT:** \_\_\_\_\_ **SQFT Other:** \_\_\_\_\_  
**Business Type:** \_\_\_\_\_ **\*Business Name:** \_\_\_\_\_ **Year Established:** \_\_\_\_\_ **\*SQFT Interior:** \_\_\_\_\_  
**Landlord:** \_\_\_\_\_ **Landlord Phone:** \_\_\_\_\_ **Year Built:** \_\_\_\_\_  
**Management Company:** \_\_\_\_\_ **Manage Company Phone #:** \_\_\_\_\_ **Parking Total:** \_\_\_\_\_ **Total # of Units:** \_\_\_\_\_

## FINANCIAL INFORMATION

\***Rental Income Monthly:** \_\_\_\_\_  
**\*Gross Income:** \_\_\_\_\_ **\*Total Annual Operating Expenses:** \_\_\_\_\_  
**\*Net Operating Income:** \_\_\_\_\_ **Franchise Fee:** \_\_\_\_\_  
**\*Tax Assessed Land:** \_\_\_\_\_ **\*Tax Assessed Improvements:** \_\_\_\_\_ **\*Tax Assessed Total:** \_\_\_\_\_  
**\*Tax Amount Monthly:** \_\_\_\_\_ **\*Assessment Year (YYYY):** \_\_\_\_\_

## LEASEHOLD INFORMATION

\***Land Tenure (FS/LH):** \_\_\_\_\_ **Fee Purchase:** \_\_\_\_\_ **(RC)Fee Options:** \_\_\_\_\_  
**Lease Type:** \_\_\_\_\_ **(RC)Lessor:** \_\_\_\_\_  
**(RC)Cur Mon Lease/Rnt:** \_\_\_\_\_ **Lease Reneg Date:** \_\_\_\_\_ **(RC)Lease Exp. Date:** \_\_\_\_\_ **(RC)Lease Until Year:** \_\_\_\_\_  
**Nxt Step-Up Mon Rnt:** \_\_\_\_\_ **2nd Step-Up Mo Rnt:** \_\_\_\_\_ **Next Until Year:** \_\_\_\_\_ **2nd Until Year:** \_\_\_\_\_

## REMARKS

Public Remarks (maximum 800 alpha/numeric characters)

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Agent/Showing Remarks (maximum 400 alpha/numeric characters)

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# BUSINESS FEATURES

(R) = REQUIRED (gray box)

1. (R) SPECIAL SALE CONDITIONS
<input type="checkbox"/> None
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Foreclosure
<input type="checkbox"/> Probate
<input type="checkbox"/> Short Sale

2. (R) FINANCING TERMS ACCEPTABLE
<input type="checkbox"/> 1031 Exchange
<input type="checkbox"/> Agreement of Sale
<input type="checkbox"/> Assumable Loan
<input type="checkbox"/> Can Subordinate
<input type="checkbox"/> Cash
<input type="checkbox"/> Conventional
<input type="checkbox"/> Govt Guaranteed Loan
<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Open
<input type="checkbox"/> Operating Lease
<input type="checkbox"/> Other
<input type="checkbox"/> Sale/Lease
<input type="checkbox"/> Secy Sgt/UCC Fin St
<input type="checkbox"/> Stock Merge
<input type="checkbox"/> USDA Financing

3. POSSESSION
<input type="checkbox"/> At Closing
<input type="checkbox"/> Immediate
<input type="checkbox"/> Negotiable
<input type="checkbox"/> Subject to Tenancy

4. (R) DISCLOSURES
<input type="checkbox"/> None
<input type="checkbox"/> Buyer Restrictions
<input type="checkbox"/> Call Lister
<input type="checkbox"/> Court Approval Req'd
<input type="checkbox"/> Foreign Owner
<input type="checkbox"/> Inactive Lic. Owner
<input type="checkbox"/> Lender Approval Req'd
<input type="checkbox"/> Licensed Owner
<input type="checkbox"/> Lister Owner
<input type="checkbox"/> Non Res Owner
<input type="checkbox"/> Pending Litigation
<input type="checkbox"/> Photovoltaic
<input type="checkbox"/> Property Disc Stmt
<input type="checkbox"/> Relative of Licensee
<input type="checkbox"/> See Remarks
<input type="checkbox"/> Special Assessment

5. (R) BUSINESS TYPE
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Bar/Lounge
<input type="checkbox"/> Fast Food/Deli
<input type="checkbox"/> Grocery/Liquor
<input type="checkbox"/> Jewelry
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Medical/Dental
<input type="checkbox"/> Other
<input type="checkbox"/> Restaurant
<input type="checkbox"/> Retail General
<input type="checkbox"/> Services
<input type="checkbox"/> Storage
<input type="checkbox"/> Wholesale

6. (R) STORY TYPE
<input type="checkbox"/> One
<input type="checkbox"/> Two
<input type="checkbox"/> Three
<input type="checkbox"/> 4-7
<input type="checkbox"/> 8-14
<input type="checkbox"/> 15-20
<input type="checkbox"/> 21+

7. (R) TYPE OF OWNERSHIP
<input type="checkbox"/> Corporate
<input type="checkbox"/> Other
<input type="checkbox"/> Partner
<input type="checkbox"/> Sole

8. (R) DOCUMENTS AVAILABLE
<input type="checkbox"/> Appraisal
<input type="checkbox"/> Building Plans
<input type="checkbox"/> Environmental Asse.
<input type="checkbox"/> Furniture, Fix, Equip.
<input type="checkbox"/> Lease Documents
<input type="checkbox"/> Licenses
<input type="checkbox"/> P&L
<input type="checkbox"/> Survey
<input type="checkbox"/> Tax Return
<input type="checkbox"/> Title Search

9. (R) AMENITIES
<input type="checkbox"/> None
<input type="checkbox"/> A/C
<input type="checkbox"/> ADA Accessible
<input type="checkbox"/> ADA Compliant
<input type="checkbox"/> Exterior Sign
<input type="checkbox"/> Exterior Sprinkler
<input type="checkbox"/> Extra Storage
<input type="checkbox"/> Gas
<input type="checkbox"/> High Voltage
<input type="checkbox"/> Interior Sprinkler Sys
<input type="checkbox"/> Private Room
<input type="checkbox"/> Public Restroom
<input type="checkbox"/> Rear Entry
<input type="checkbox"/> Security System

10. (R) HOURS
<input type="checkbox"/> 10/Day
<input type="checkbox"/> 24 Hrs
<input type="checkbox"/> 8/Day
<input type="checkbox"/> 9/Day
<input type="checkbox"/> > 10 Day
<input type="checkbox"/> < 8 Day
<input type="checkbox"/> Varied

11. (R) LOCATION
<input type="checkbox"/> Business Park
<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Downtown
<input type="checkbox"/> Freestanding
<input type="checkbox"/> In-Line
<input type="checkbox"/> Other
<input type="checkbox"/> Residential
<input type="checkbox"/> Shopping Center

12. (R) PARKING
<input type="checkbox"/> None
<input type="checkbox"/> 11-25 Spaces
<input type="checkbox"/> 26+ Spaces
<input type="checkbox"/> Additional Charge
<input type="checkbox"/> Assigned
<input type="checkbox"/> Common Area
<input type="checkbox"/> Covered
<input type="checkbox"/> Included
<input type="checkbox"/> <10 Spaces
<input type="checkbox"/> Off Site
<input type="checkbox"/> On Site
<input type="checkbox"/> Open
<input type="checkbox"/> Other
<input type="checkbox"/> Private

13. (R) EMPLOYEES
<input type="checkbox"/> 1-10
<input type="checkbox"/> 11 or more
<input type="checkbox"/> Full Time
<input type="checkbox"/> Non Union
<input type="checkbox"/> Owner
<input type="checkbox"/> Part Time
<input type="checkbox"/> Unionized

14. (R) CONSTRUCTION/EXTERIOR FINISH
<input type="checkbox"/> Above Ground
<input type="checkbox"/> Brick
<input type="checkbox"/> Concrete
<input type="checkbox"/> Double Wall
<input type="checkbox"/> Hollow Tile
<input type="checkbox"/> Masonry/Stucco
<input type="checkbox"/> Other
<input type="checkbox"/> Single Wall
<input type="checkbox"/> Slab
<input type="checkbox"/> Steel Frame
<input type="checkbox"/> Stone
<input type="checkbox"/> Vinyl
<input type="checkbox"/> Wood Frame

15. (R) EXPENSE INFO SOURCE
<input type="checkbox"/> Accountant
<input type="checkbox"/> Appraisal
<input type="checkbox"/> Broker
<input type="checkbox"/> Industry Average
<input type="checkbox"/> Owner
<input type="checkbox"/> Tax Return

16. LESSEE'S RESPONSIBILITIES
<input type="checkbox"/> Common Area Maint.
<input type="checkbox"/> Insurance
<input type="checkbox"/> Operating Expenses
<input type="checkbox"/> Other
<input type="checkbox"/> Promotion/Advertising
<input type="checkbox"/> Real Estate Taxes
<input type="checkbox"/> Trash Removal
<input type="checkbox"/> Utilities

17. PROPERTY FRONTAGE
<input type="checkbox"/> Building Lobby
<input type="checkbox"/> Industrial
<input type="checkbox"/> Interior Hallway
<input type="checkbox"/> Main Street
<input type="checkbox"/> Other
<input type="checkbox"/> Retail Mall
<input type="checkbox"/> Side Street

18. (R) SEWER
<input type="checkbox"/> Cesspool
<input type="checkbox"/> Connected
<input type="checkbox"/> Grease Trap
<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Not Connected
<input type="checkbox"/> Septic

19. LOADING
<input type="checkbox"/> None
<input type="checkbox"/> Container Dock
<input type="checkbox"/> Container Doors
<input type="checkbox"/> Freight Elevator
<input type="checkbox"/> Loading Area
<input type="checkbox"/> Other
<input type="checkbox"/> Passenger Elevator

20. COOLING
<input type="checkbox"/> None
<input type="checkbox"/> Central AC
<input type="checkbox"/> Individual
<input type="checkbox"/> Individual Meters
<input type="checkbox"/> Other

21. (R) INCLUSIONS
<input type="checkbox"/> Corporate Stocks
<input type="checkbox"/> Equipment/Fixtures
<input type="checkbox"/> Lease
<input type="checkbox"/> Licenses/Permits
<input type="checkbox"/> Merchandise/Inventory
<input type="checkbox"/> Name/Trademarks
<input type="checkbox"/> Other
<input type="checkbox"/> Real Property
<input type="checkbox"/> Tenant Improvements

22. (R) SHOWING
<input type="checkbox"/> Appointment Only
<input type="checkbox"/> Call Lister
<input type="checkbox"/> Sentikey - Go/Show
<input type="checkbox"/> Confidential

I state to the best of my knowledge that the above information is correct and authorize its release.

Broker's Initials: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SELLER SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SELLER SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

DR/BIC certifies that a valid Exclusive Listing Agreement is being held at listing office.

\_\_\_\_\_  
AUTHORIZED SIGNATURE OF DR/BIC

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE