

# 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:** \_\_\_\_\_  
 Foreclosure: \_\_\_\_\_ Advertise Date: \_\_\_\_\_ Auction Date: \_\_\_\_\_ Foreclosure No: \_\_\_\_\_  
**\*Show Internet:** \_\_\_\_\_ (RC)Show Addr Internet: \_\_\_\_\_ **\*Lockbox:** \_\_\_\_\_ Lockbox Serial #: \_\_\_\_\_  
 Comm. Space Lease: \_\_\_\_\_ **\*Days Open:** \_\_\_\_\_ **\*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 1200 alpha/numeric characters) **Note: Offering of compensation is not allowed in the MLS**

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Agent/Showing Remarks (maximum 600 alpha/numeric characters) **Note: Offering of compensation is not allowed in the MLS**

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# BUSINESS FEATURES

**(R) = REQUIRED** (gray box)

<b>1. (R) SPECIAL SALE CONDITIONS</b> <input type="checkbox"/> None <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Foreclosure <input type="checkbox"/> Probate <input type="checkbox"/> Short Sale	<b>2. (R) FINANCING TERMS ACCEPTABLE</b> <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	<b>3. POSSESSION</b> <input type="checkbox"/> At Closing <input type="checkbox"/> Immediate <input type="checkbox"/> Negotiable <input type="checkbox"/> Subject to Tenancy	<b>4. (R) DISCLOSURES</b> <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	<b>5. (R) BUSINESS TYPE</b> <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
<b>6. (R) STORY TYPE</b> <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+	<b>7. (R) TYPE OF OWNERSHIP</b> <input type="checkbox"/> Corporate <input type="checkbox"/> Other <input type="checkbox"/> Partner <input type="checkbox"/> Sole	<b>8. (R) DOCUMENTS AVAILABLE</b> <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	<b>9. (R) AMENITIES</b> <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	<b>10. (R) HOURS</b> <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
<b>11. (R) LOCATION</b> <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	<b>12. (R) PARKING</b> <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	<b>13. (R) EMPLOYEES</b> <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	<b>14. (R) CONSTRUCTION/EXTERIOR FINISH</b> <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	<b>15. (R) EXPENSE INFO SOURCE</b> <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
<b>16. LESSEE'S RESPONSIBILITIES</b> <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	<b>17. PROPERTY FRONTAGE</b> <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	<b>18. (R) SEWER</b> <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	<b>19. LOADING</b> <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	<b>20. COOLING</b> <input type="checkbox"/> None <input type="checkbox"/> Central AC <input type="checkbox"/> Individual <input type="checkbox"/> Individual Meters <input type="checkbox"/> Other
<b>21. (R) INCLUSIONS</b> <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	<b>22. (R) SHOWING</b> <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