

Property Address:



Business Opportunity Input Form – Central Valley

An Asterisk (*) Denotes a Required Field
Two Asterisks (**) Denotes a Conditional Field

PROPERTY TYPE/APN

Property Subtype*: Restaurant Professional Retail Services Medical/Dental Mini-Mart
 Wholesale Hotel/Motel/B&B Manufacturing Warehouse

County*: APN*:

LISTING

Office*: Agent*:

Co-Office: Co-Agent:

Listing Date*: Expiration Date*: Listing Price*:

Price Includes (max 100 char):

Price Excludes (max 100 char):

Dual Agency: Yes No Scope of Service: Entry Only Limited Service Full Service

Agreement Type*: Exclusive Right Open Probate Exclusive Right
 Exclusive Agency Net Probate Exclusive Agency Probate Open

Marketing Remarks* (max 1000 char):

Agent Remarks* (max 1000 char):

Internet/IDX*: Yes No Show Address to Public**: Yes No

Show AVM to VOW**: Yes No Show Comments on VOW**: Yes No

Special Disclosures: CC&R's CFD Deed Restrictions Easements HOA Mello Roos

Documents Available:

<input type="checkbox"/> Abstract	<input type="checkbox"/> Equipment List	<input type="checkbox"/> Lease	<input type="checkbox"/> Property Condition Stmt
<input type="checkbox"/> Appraisal	<input type="checkbox"/> Feasibility Study	<input type="checkbox"/> Liquor License	<input type="checkbox"/> Proposed Building Plan
<input type="checkbox"/> Bed Tax Statement	<input type="checkbox"/> Financial Debt	<input type="checkbox"/> List of Equipment	<input type="checkbox"/> Sales Tax Statement
<input type="checkbox"/> Business License	<input type="checkbox"/> Fixture Inventory	<input type="checkbox"/> List of Fixtures	<input type="checkbox"/> Site Plan
<input type="checkbox"/> Bylaws	<input type="checkbox"/> Flood Plain	<input type="checkbox"/> List of Inventory	<input type="checkbox"/> Soil Test
<input type="checkbox"/> Cash Flow Analysis	<input type="checkbox"/> Furnish List	<input type="checkbox"/> Perc Test	<input type="checkbox"/> Survey
<input type="checkbox"/> CC&R's	<input type="checkbox"/> Income Tax Returns	<input type="checkbox"/> Phase One Available	<input type="checkbox"/> Tax Returns
<input type="checkbox"/> Easements	<input type="checkbox"/> Inventory List	<input type="checkbox"/> Phase Two Available	<input type="checkbox"/> Title Insurance
<input type="checkbox"/> EPA Documents	<input type="checkbox"/> Lead-Based Paint Disclosure	<input type="checkbox"/> Profit & Loss	<input type="checkbox"/> Topography Map

PROPERTY

Street Number*: Street Direction: E N NE NW S SE SW W

Street Name*: Street Suffix:

Street Post Direction: E N NE NW S SE SW W Unit:

City/Town*: State*: Zip Code*: Zip Plus 4:

Cross Street*:

Property Address:

Directions (max 250 char)*:

Region/Setting: <input type="checkbox"/> Foothill <input type="checkbox"/> Mountain <input type="checkbox"/> Rural <input type="checkbox"/> Urban	Lot #:	Lot Dimensions:
Census Tract:	Subdivision:	Apx Sq Ft*:
Apx Sq Ft Source*: <input type="checkbox"/> Appraiser <input type="checkbox"/> Seller <input type="checkbox"/> Tax Records <input type="checkbox"/> Other	Apx Lot Size*:	
Apx Lot Size Source*: <input type="checkbox"/> Appraiser <input type="checkbox"/> Seller <input type="checkbox"/> Tax Records <input type="checkbox"/> Other	Apx Elevation:	
Year Built*:	Year Built Exception**: <input type="checkbox"/> New Construction <input type="checkbox"/> Under Construction <input type="checkbox"/> Unknown	

Zoning*:

Legal Description:

Property Associations: Dues Optional Dues Mandatory Parking Fees

COMPENSATION/SHOWING

Commission*: Short Sale*: Yes No

Short Sale Comments**:

Hardship Submitted**: Yes No Bank Owned/REO: Yes No Variable Rate*: Yes No

Owner Name: Owner Phone:

Occupant Type*: Owner Tenant Vacant Caretaker Occupant Name:

Phone To Show: Lockbox: Yes No Lockbox Location:

Showing Instructions (max 250 char):

Showing:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> 1 Hr-NAGS | <input type="checkbox"/> Call Owner | <input type="checkbox"/> Lockbox | <input type="checkbox"/> Show Any Time |
| <input type="checkbox"/> 2 Hr-NAGS | <input type="checkbox"/> Call Tenant | <input type="checkbox"/> No Sign | <input type="checkbox"/> Tenant Occupied |
| <input type="checkbox"/> 24 Hour Notice | <input type="checkbox"/> Caution – Pets | <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Alarm | <input type="checkbox"/> Do Not Disturb Bus. | <input type="checkbox"/> Restricted Days | |
| <input type="checkbox"/> Appointment Only | <input type="checkbox"/> Drive By | <input type="checkbox"/> Restricted Hours | |
| <input type="checkbox"/> Call Agent | <input type="checkbox"/> Key at Office | <input type="checkbox"/> Security Alarm | |
| <input type="checkbox"/> Call Office | <input type="checkbox"/> List Agent Must be Present | <input type="checkbox"/> Sign on Property | |

Tour/Caravan Date:

FINANCING/TERMS

Terms:

- | | | | | |
|--|--------------------------------------|---|--|---|
| <input type="checkbox"/> Assumable-Other | <input type="checkbox"/> Exchange | <input type="checkbox"/> Lease Option | <input type="checkbox"/> Owner Carry 2 nd | <input type="checkbox"/> Seller Financing Available |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Farm Credit | <input type="checkbox"/> Lease Purchase | <input type="checkbox"/> No Seller Financing | <input type="checkbox"/> Trade |
| <input type="checkbox"/> Conventional | <input type="checkbox"/> FMHA | <input type="checkbox"/> Owner Carry | <input type="checkbox"/> SBA | <input type="checkbox"/> Wrap |

Possession: At Closing Closing + Days Completion Immediate Possession Date:
 Interim Occupancy Loan Approval Negotiable Sec. Deposit Required

Occupancy:

- | | | | | |
|--|--------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Assigned Rent | <input type="checkbox"/> CPI Change | <input type="checkbox"/> Full Service | <input type="checkbox"/> Modified Gross Lease | <input type="checkbox"/> Percentage Lease |
| <input type="checkbox"/> Build to Suit | <input type="checkbox"/> Fixed Lease | <input type="checkbox"/> Gross Lease | <input type="checkbox"/> Net Lease | <input type="checkbox"/> Sub Lease |

Included in Sale*:

- | | | | | |
|--|------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Assets Only | <input type="checkbox"/> Fixtures | <input type="checkbox"/> Inventory | <input type="checkbox"/> Non Compete | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Business Equity | <input type="checkbox"/> Franchise | <input type="checkbox"/> Leased Equipment | <input type="checkbox"/> Phone System | <input type="checkbox"/> Training |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Good Will | <input type="checkbox"/> Licenses | <input type="checkbox"/> Real Estate | |

Property Address:

INCOME / EXPENSE					
Gross Revenue:		Less Vacancy/Bad Debt:		Gross Income:	Maintenance:
Utilities:		Insurance:		Property Taxes:	Other Expenses:
Gross Expense:		Net Income:		Equity:	Avg Inventory:
Inventory Included: <input type="checkbox"/> Yes <input type="checkbox"/> No		Accounts Receivable:		Fixture Equipment:	
Goodwill Value:			Annual Lease:		
Business/Tenant Pays:					
<input type="checkbox"/> % Gross Income	<input type="checkbox"/> Elevator	<input type="checkbox"/> IIVAC Maint	<input type="checkbox"/> Property Mgmt	<input type="checkbox"/> Sewer	<input type="checkbox"/> Trash Pickup
<input type="checkbox"/> Bldg Exterior Insur	<input type="checkbox"/> Exterminating	<input type="checkbox"/> Interior Maint	<input type="checkbox"/> PUD	<input type="checkbox"/> Site Maintenance	<input type="checkbox"/> Water
<input type="checkbox"/> Bldg Exterior Maint	<input type="checkbox"/> Gas/Electric	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Rent Only	<input type="checkbox"/> Snow Removal	<input type="checkbox"/> Other
<input type="checkbox"/> Cable/Sat	<input type="checkbox"/> Heating	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Roof Maintenance	<input type="checkbox"/> Taxes	<input type="checkbox"/> None
<input type="checkbox"/> Common Area Maint	<input type="checkbox"/> Insurance	<input type="checkbox"/> Merchants Assoc	<input type="checkbox"/> Security	<input type="checkbox"/> Telephone	
Lease Rate:			Lease Terms:		
Fees:			Fees Paid: <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		
Source of Data*: <input type="checkbox"/> Accountant <input type="checkbox"/> Estimate <input type="checkbox"/> Incomplete <input type="checkbox"/> Owner <input type="checkbox"/> Projected <input type="checkbox"/> Tax Returns					
BUSINESS / BUILDING					
Franchise: <input type="checkbox"/> Yes <input type="checkbox"/> No		Chain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Office SqFt:	Office Clear Height:	Retail SqFt:
Retail Clear Height:		Manufacturing SqFt:	Manufacturing Clear Height:		Warehouse/Shop SqFt:
Warehouse/Shop Clear Height:		# Floors:	# of Doors:	# of Loading Docks:	
Number of Units:		Years Established:	Owner Equipment:		
Business Name:			Business Desc:		
Business Type*:					
<input type="checkbox"/> Auto Care	<input type="checkbox"/> Beauty	<input type="checkbox"/> Franchise	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Office Space	
<input type="checkbox"/> Auto Sales	<input type="checkbox"/> Clothing	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Professional Service	
<input type="checkbox"/> Bar	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Industrial	<input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Shop/Strip Center	
Licenses & Permits:			Liquor License: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Beer & Wine	<input type="checkbox"/> On Sale				
<input type="checkbox"/> Business License	<input type="checkbox"/> Professional	Weekly Hrs Worked Owner:			
<input type="checkbox"/> Liquor	<input type="checkbox"/> Restrictions	Weekly Hrs Worked Employee:			
<input type="checkbox"/> Off Sale	<input type="checkbox"/> Use Permit	# of Employees:			
Full Time Employees*: <input type="checkbox"/> 1-5 Employees <input type="checkbox"/> 6-10 Employees <input type="checkbox"/> 11-15 Employees <input type="checkbox"/> 16-20 Employees <input type="checkbox"/> 21+ Employees					
Lease Information:			Lease Information:		Form of Ownership*:
<input type="checkbox"/> Assigned	<input type="checkbox"/> Option to Purchase	<input type="checkbox"/> Less than 1 year			<input type="checkbox"/> Corporation
<input type="checkbox"/> Escalations	<input type="checkbox"/> Option to Renew	<input type="checkbox"/> 1-2 years			<input type="checkbox"/> General Partnership
<input type="checkbox"/> Month-to-Month	<input type="checkbox"/> Percentage	<input type="checkbox"/> 2-5 years			<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Negotiable	<input type="checkbox"/> Straight	<input type="checkbox"/> 5-10 years			<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Net	<input type="checkbox"/> Triple Net	<input type="checkbox"/> Call Agent			
EXTERIOR					
Building Exterior:			Construction:		
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Lap Siding	<input type="checkbox"/> Shingle/Shake	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Steel
<input type="checkbox"/> Block	<input type="checkbox"/> Masonite	<input type="checkbox"/> Steel	<input type="checkbox"/> Wood Siding	<input type="checkbox"/> Frame	<input type="checkbox"/> Tilt-Up Concrete
<input type="checkbox"/> Brick	<input type="checkbox"/> Masonary	<input type="checkbox"/> Stone		<input type="checkbox"/> Manufactured	<input type="checkbox"/> To Be Built
<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Stucco		<input type="checkbox"/> New Construction	<input type="checkbox"/> Under Construction
<input type="checkbox"/> Fiberboard	<input type="checkbox"/> Rock	<input type="checkbox"/> T1-11		<input type="checkbox"/> Poured Concrete	<input type="checkbox"/> Wood
Foundation: <input type="checkbox"/> Brick <input type="checkbox"/> Concrete Block <input type="checkbox"/> Concrete Poured <input type="checkbox"/> Raised <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Wood					
Facilities:					
<input type="checkbox"/> Display Window	<input type="checkbox"/> Fire Sprinklers	<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Security System	<input type="checkbox"/> Truck Door	
<input type="checkbox"/> Elevator	<input type="checkbox"/> Handicapped Access	<input type="checkbox"/> Restrooms	<input type="checkbox"/> Signage		
Parking Spaces:		Parking Ratio:			

Property Address:

Garage/Parking*:

- Assigned Parking Common Parking Floor Drain Insulated Tuck Under Garage No Parking
- Attached Garage Covered Parking Guest Parking Off Street Parking Water Street Parking
- Carport Detached Garage Heated On Street Garage No Garage Unpaved

Exterior Features:

- Deck Grounds Maint In-ground Pool Loading Dock(s) Patio
- Fenced High Traffic Location Landscaping Parking 1-20 Spaces Utility Building
- Gas Pumps High Visibility Landscape Sprinklers Parking 21+ Spaces
- Grade/Recession Highway Frontage Lighting/Security Parking Covered

Flood Zone: Yes No

Road Frontage:

Present Use:

Location:

- Business District Industrial District Park Shopping Center
- Corner Mid Block Professional Center Strip Center

Access Road:

- City Street Easement Private Road Right of Way Town Road US Hwy
- Country Hwy Paved Road Rail Spur State Hwy Unpaved Road

Utilities Included:

- Includes Electric Includes Proper
- Includes Gas Water Included

Electric:

- 110 Volts 440 Volts Fuses Three Phase
- 220 Volts Circuit Breakers Single Phase

Miscellaneous:

- Basketball Ground Floor Unit Pets Allowed Spa
- Clubhouse Gym Pets Allowed w/Restrictions VA Approved Condo
- Common Laundry Area Lobby Play Area Wash/Dryer Hookup
- FHA Approved Condo Manager on Premises Pool
- Freight Elevator Meets 55 & Over Requirements Private Storage Area
- Game Room No Pets Allowed Recreational Facilities

INTERIOR

Interior Features:

- Break Room Conference Room Laundry Room Security Lights
- Clear Height Elevator(s) Loft/ME Shell Only
- Clear Span Extra Storage Private Bathroom Show Room
- Column Spacing Fireplace(s) Public Bathroom Sky Lights

Flooring:

- Bare Concrete Concrete Slab Marble Sealed Concrete Terrazzo Vinyl
- Carpet Laminate Parquet Slate/Stone Tile Wood

Broker's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Client's Signature: _____ Date: _____