



Business Opportunity Input Form

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 Agreement Type*: Exclusive Right Exclusive Agency Net Ex Agency
Scope of Service: EO LS Net Ex Right Net Open Open Probate Ex Agency Probate Ex Right
 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:

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

Directions (max 250 char)*:

Region/Setting: Foothill Mountain Rural 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			
Year Built*:	Year Built Exception**: <input type="checkbox"/> New Construction <input type="checkbox"/> Under Construction <input type="checkbox"/> Unknown			
Zoning*:				
Legal Description:				
Property Associations: <input type="checkbox"/> Dues Optional <input type="checkbox"/> Dues Mandatory <input type="checkbox"/> Parking Fees				
COMPENSATION/SHOWING				
Commission*:		Short Sale*: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Short Sale Comments**:				
Hardship Submitted**: <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Owned/REO: <input type="checkbox"/> Yes <input type="checkbox"/> No		Variable Rate*: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Name:			Owner Phone:	
Occupant Type*: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Caretaker			Occupant Name:	
Phone To Show:		Lockbox: <input type="checkbox"/> Yes <input type="checkbox"/> 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		
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: <input type="checkbox"/> At Closing <input type="checkbox"/> Closing + Days <input type="checkbox"/> Completion <input type="checkbox"/> Immediate				Possession Date:
<input type="checkbox"/> Interim Occupancy <input type="checkbox"/> Loan Approval <input type="checkbox"/> Negotiable <input type="checkbox"/> 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	
INCOME / EXPENSE				
Gross Revenue:		Less Vacancy/Bad Debt:		Gross Income:
Utilities:		Insurance:		Maintenance:
Gross Expense:		Property Taxes:		Other Expenses:
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		Weekly Hrs Worked Owner:		
<input type="checkbox"/> Business License	<input type="checkbox"/> Professional		Weekly Hrs Worked Employee:		
<input type="checkbox"/> Liquor	<input type="checkbox"/> Restrictions		# of Employees:		
<input type="checkbox"/> Off Sale	<input type="checkbox"/> Use Permit				
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:			
Garage/Parking*:					
<input type="checkbox"/> Assigned Parking	<input type="checkbox"/> Common Parking	<input type="checkbox"/> Floor Drain	<input type="checkbox"/> Insulated	<input type="checkbox"/> Tuck Under Garage	<input type="checkbox"/> No Parking
<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Covered Parking	<input type="checkbox"/> Guest Parking	<input type="checkbox"/> Off Street Parking	<input type="checkbox"/> Water	<input type="checkbox"/> Street Parking
<input type="checkbox"/> Carport	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Heated	<input type="checkbox"/> On Street Garage	<input type="checkbox"/> No Garage	<input type="checkbox"/> Unpaved

Exterior Features:

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

Flood Zone: Yes No**Road Frontage:****Present Use:****Location:**

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Business District | <input type="checkbox"/> Industrial District | <input type="checkbox"/> Park | <input type="checkbox"/> Shopping Center |
| <input type="checkbox"/> Corner | <input type="checkbox"/> Mid Block | <input type="checkbox"/> Professional Center | <input type="checkbox"/> Strip Center |

Access Road:

- | | | | | | |
|--------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> City Street | <input type="checkbox"/> Easement | <input type="checkbox"/> Private Road | <input type="checkbox"/> Right of Way | <input type="checkbox"/> Town Road | <input type="checkbox"/> US Hwy |
| <input type="checkbox"/> Country Hwy | <input type="checkbox"/> Paved Road | <input type="checkbox"/> Rail Spur | <input type="checkbox"/> State Hwy | <input type="checkbox"/> Unpaved Road | |

Utilities Included:

- | | |
|--|--|
| <input type="checkbox"/> Includes Electric | <input type="checkbox"/> Includes Proper |
| <input type="checkbox"/> Includes Gas | <input type="checkbox"/> Water Included |

Electric:

- | | | | |
|------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> 110 Volts | <input type="checkbox"/> 440 Volts | <input type="checkbox"/> Fuses | <input type="checkbox"/> Three Phase |
| <input type="checkbox"/> 220 Volts | <input type="checkbox"/> Circuit Breakers | <input type="checkbox"/> Single Phase | |

Miscellaneous:

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

INTERIOR**Interior Features:**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Break Room | <input type="checkbox"/> Conference Room | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Security Lights |
| <input type="checkbox"/> Clear Height | <input type="checkbox"/> Elevator(s) | <input type="checkbox"/> Loft/ME | <input type="checkbox"/> Shell Only |
| <input type="checkbox"/> Clear Span | <input type="checkbox"/> Extra Storage | <input type="checkbox"/> Private Bathroom | <input type="checkbox"/> Show Room |
| <input type="checkbox"/> Column Spacing | <input type="checkbox"/> Fireplace(s) | <input type="checkbox"/> Public Bathroom | <input type="checkbox"/> Sky Lights |

Flooring:

- | | | | | | |
|--|--|----------------------------------|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Bare Concrete | <input type="checkbox"/> Concrete Slab | <input type="checkbox"/> Marble | <input type="checkbox"/> Sealed Concrete | <input type="checkbox"/> Terrazzo | <input type="checkbox"/> Vinyl |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Laminate | <input type="checkbox"/> Parquet | <input type="checkbox"/> Slate/Stone | <input type="checkbox"/> Tile | <input type="checkbox"/> Wood |

Broker's Signature: _____ Date: _____

Agent's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

10/26/2009