



**DOWNTOWN  
SOUTH**

2750 Taylor Ave, Suite A-21  
Orlando, FL 32806  
407-270-7377

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

How did you hear about us?

- ☐ Google / Search Engine / Website  
☐ Postcard Mailing  
☐ Craigslist  
☐ Drive By  
☐ DOSO Office Suites Tenant/Referral  
☐ Newspaper/Advertising

Name of Business: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Business Owner's Home Address:  
(must be physical address, not a PO Box)

Business Owner Cell Phone: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Type of Business (be descriptive): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

## LEASE APPLICATION

Type of lease interested in:

- ☐ Physical Office Lease  
☐ Virtual - 6mo (\$299.94 + \$7.50 tax = \$307.44)  
☐ Virtual - 12mo (\$384 + \$9.60 tax = \$393.60)

Number of Employees: \_\_\_\_\_

Approximate # of Guests Daily: \_\_\_\_\_

Business EIN # \_\_\_\_\_

Personal SS # \_\_\_\_\_

Business Web Site Address: \_\_\_\_\_

Business E-Mail Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Reference (Company): \_\_\_\_\_

Business Reference (Contact Name): \_\_\_\_\_

Business Reference (Phone Number): \_\_\_\_\_

Business Reference (Email): \_\_\_\_\_

Vehicle(s): \_\_\_\_\_

License #	Make	Model	Color
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License #	Make	Model	Color
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**Submit this application via email to  
[info@dosoofficesuites.com](mailto:info@dosoofficesuites.com)**

**Copy of Leaseholder's Driver's License or Government-Issued ID required with application.  
Upon submission of this application, Applicant agrees to a criminal background check.**