

SOUTHEAST FLORIDA

BUS DATA INPUT FORM

Business Opportunity

INSTRUCTIONS:



Indicates a required field. All required fields must be completed to add a listing.

PID will automatically fill (if available from Palm Beach, Broward, and Miami Dade Counties): Street Number, Compass Point, Street Name, Street Type, Unit, County, Legal, Year Built, Living SF, Total SF, Taxes and Tax Year.

Area: _____ **Street Number:** _____ **CP :** _____ **Street Name:** _____ **County :** *See Table*
Compass Point

Folio # : _____ **Folio # for 2nd Parcel :** _____

City: *See Table* **State:** FL **Zip Code** _____ **Zip4** _____

Legal _____ **Zoning** _____ **Lot :** _____

Municip Code : _____ **Township/Range:** _____ **Section:** _____ **Subdivision Code** _____ **Parcel Number:** _____ **Map Coordinates:** _____

Business Name : _____

Geo Area: *See Table*

General Information

Short Sale: ☐ Yes ☐ No **Lender Approval :** ☐ Approved ☐ Unapproved
req'd if Short Sale = Yes **Range Price:** ☐ Range Price **List Price:** \$ _____

Property Description : _____

Lower List Price: \$ _____
Required if Range Price Listing

County Land Use : _____

**Style:**

Select

Up To 3

Environmental Audit : Select One

- ☐ None
☐ Phase 1
☐ Phase 2
☐ Phase 3

☐ Automotive☐ Bar/Lounge Only☐ Beauty/Barber Shop☐ Building/Trade Service☐ Business☐ Personal Customer Serv.☐ Convenience Store☐ Farms/Groves/Ranches☐ Food☐ Franchise☐ Gas Sold☐ Lounge☐ Manufacturing☐ Marine☐ Medical Service☐ Mobile Home Park☐ Other Style☐ Professional Service☐ Restaurant☐ Retail☐ Service☐ Storage☐ Tavern/Bar☐ Vending Industrial☐ Wholesale

Year Built : _____ **Year Built Description:** **Sale :** Select Up To 2

Select One

☐ New Construction☐ Resale☐ Under Construction☐ Unknown☐ Business and Building☐ Business Building And Land☐ Business Only☐ Other Sales Includes

Additional Business Name : _____

Type Of Business : _____

General Information**Sales Includes :** *Select Up To 4*

- ☐ Equipment ☐ License
☐ Franchise ☐ Machinery
☐ Furniture/Fixtures ☐ Signs Included
☐ Inventory ☐ Tools
☐ Leases ☐ Trade Name

R Type Of Building : *Select Up To 3*

- ☐ Anchored Center ☐ Indust/Manufact'g ☐ Office/Warehouse Combo ☐ Restaurant
☐ Commercial Condo ☐ Lounge ☐ Office Space ☐ Retail Space
☐ Commercial ☐ Medical Office ☐ Other Building Type ☐ Shopping Center
☐ Free Standing ☐ Mobile/RV Parks ☐ Professional ☐ Store/Warehouse Combo
☐ Hotel/Motel ☐ Office Retail ☐ Recreation Facility ☐ Warehouse Space

Ownership : *Select One*

- ☐ Asset Only ☐ Other Ownership
☐ Corporation ☐ Partnership
☐ Joint Venture ☐ Self Proprietor/Individual
☐ Limited Partnership ☐ Sub-S Corporation

Lot Frontage : _____**R Location Of Property :** *Select Up To 3*

- ☐ Anchored Center ☐ Corner Unit ☐ Industrial Park ☐ Near Seaport
☐ Beach Access ☐ Corner Lot ☐ Inside Location ☐ Other Location
☐ Central Beach Dist ☐ County Location ☐ Inside Lot ☐ Shopping Center
☐ City Location ☐ Location In A ☐ Near Airport ☐ Store/Warehouse Combo
☐ Commercial Park Flood Zone ☐ Warehouse Space ☐ Waterfront

Construction Description : *Select Up To 4*

- ☐ Brick Exterior Constr. ☐ Other Construction
☐ CBS Construction ☐ Piling Construction
☐ Frame Construction ☐ Precast Construction
☐ Metal Construction ☐ Stone Exterior Construction
☐ Modular Construction ☐ Stucco Exterior Construction

Flooring : *Select Up To 3*

- ☐ Carpet Floors ☐ Parquet Floors
☐ Ceramic Floors ☐ Terrazzo Floors
☐ Concrete Floors ☐ Tile Floors
☐ Marble/Slate Floors ☐ Vinyl Floors
☐ Other Floors ☐ Wood Floors

Road Frontage : *Select Up To 4*

- ☐ City Road ☐ Other Road Frnge
☐ County Road ☐ Private Road
☐ Interchange ☐ State Road
☐ Interstate ☐ U.S. Highway
☐ Main Thoroughfare

Roof Description : *Select Up To 3*

- ☐ Barrel Roof ☐ Tar & Gravel Roof
☐ Metal Roof ☐ Tile Roof
☐ Other Roof ☐ Various Material(S) Roof
☐ Pre-Stressed Roof ☐ Wood Joist Roof
☐ Comp Shingle Roof ☐ Wood Truss/Rafter
☐ Steel Joist Roof

R Electric Service : *Select Up To 4*

- ☐ 0-100 Amps ☐ 3 Phase Electric
☐ 101-200 Amps ☐ 440 Volts Power
☐ 110 Volts Power ☐ Other Electric
☐ Over 200 Amps ☐ Separate Meters
☐ 220 Volts Power

Fire Protection : *Select Up To 4*

- ☐ No Fire Protection
☐ Other Fire Protection
☐ Smoke Alarm
☐ Smoke Detector
☐ Sprinklers

R # Parking Spaces : _____**Parking Description :** *Required if Parking Spaces > 0 Select Up To 3*

- ☐ Assigned Parking ☐ Garage-Ground Level ☐ No Guest Parking ☐ Other Parking
☐ Assisted ☐ Garage-Under Building ☐ None ☐ Security
☐ Awning ☐ Guest Parking ☐ No RV ☐ Shared Parking
☐ Common Parking ☐ Handicap Parking ☐ No Truck/Trailer ☐ Street Parking
☐ Covered Parking ☐ Loading Spaces ☐ Off Site Parking ☐ Valet Parking
☐ Free Parking ☐ No Boats

Security : *Select Up To 3*

- ☐ Fenced
☐ Motion Detector
☐ Security Gate
☐ Security Grill Work
☐ Security Guard
☐ Security Lighting
☐ Security System

General Information

Licenses : *Select up to 4*

- | | |
|--|---|
| <input type="checkbox"/> Beer & Wine License | <input type="checkbox"/> Occupational License |
| <input type="checkbox"/> City License | <input type="checkbox"/> Other License |
| <input type="checkbox"/> County License | <input type="checkbox"/> Professional License |
| <input type="checkbox"/> Liquor License | <input type="checkbox"/> State License |
| <input type="checkbox"/> No Licenses | <input type="checkbox"/> Trade License |

Approx Lot Size : _____

Road Type :

- Select* ☐ Three Lane
Up to 2 ☐ Divided
☐ Four Lane
☐ Interchange
☐ No Road
☐ One Way

Rail Description :

- Select* ☐ Mainline
Up to 2 ☐ No Rail Service
☐ Siding
☐ Spur

 **Year Business Established :** _____

of Employees : _____

Hours Open : *Select One*

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> 7 Hours Or Less | <input type="checkbox"/> 11 Hours |
| <input type="checkbox"/> 8 Hours | <input type="checkbox"/> 12 Hours |
| <input type="checkbox"/> 9 Hours | <input type="checkbox"/> 24 Hours |
| <input type="checkbox"/> 10 Hours | <input type="checkbox"/> Varies |

Days Open :
_____**Lease Term Remaining :** *Select Up To 2*

- | | |
|---|---|
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> No Lease Terms Remaining |
| <input type="checkbox"/> 4-6 Years | <input type="checkbox"/> Options Available |
| <input type="checkbox"/> 7-10 Years | <input type="checkbox"/> Other Lease Terms |
| <input type="checkbox"/> 11 Years Or More | <input type="checkbox"/> Vacant |
| <input type="checkbox"/> Month to Month Lease | |

Training Available :

- ☐
- Yes
- ☐
- No

Building/Business SqFt :
_____ SqFt Occupied :
_____**Lease Expiration Date :**____/____/____
MM DD YYYYRenewal Options :
_____**Annual Base Rate :** *Select One*

- | | |
|--|---|
| <input type="checkbox"/> Up To \$ 5.00 Bas/Ft | <input type="checkbox"/> \$11.01-\$13.00 Bas/Ft |
| <input type="checkbox"/> \$5.01-\$7.00 Bas/Ft | <input type="checkbox"/> \$13.01-\$17.00 Bas/Ft |
| <input type="checkbox"/> \$7.01-\$9.00 Bas/Ft | <input type="checkbox"/> Over \$17.00 Bas/Ft |
| <input type="checkbox"/> \$9.01-\$11.00 Bas/Ft | <input type="checkbox"/> Other Annual Base Rate |

Bays :
_____# Office :
_____# Loading Doors :
_____Miles To Expressway :
_____Miles To Beach :
_____# Tenants :
_____**Maximum Door Height :**

- Select* ☐ Door-Ht 0-8'
One ☐ Door-Ht 8-10'
☐ Door-Ht 10-12'
☐ Door-Ht 12+

Improvement Height : *Select One*

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 1 Story | <input type="checkbox"/> 10-14 Stories |
| <input type="checkbox"/> 2 Stories | <input type="checkbox"/> 15-18 Stories |
| <input type="checkbox"/> 3 Stories | <input type="checkbox"/> 19-25 Stories |
| <input type="checkbox"/> 4 Stories | <input type="checkbox"/> 26+ Stories |
| <input type="checkbox"/> 5 Stories | <input type="checkbox"/> Other Improvement Height |
| <input type="checkbox"/> 6-9 Stories | |

Column Span : *Select One*

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Span 10-15' | <input type="checkbox"/> Span 41+' |
| <input type="checkbox"/> Span 16-20' | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Span 21-28' | <input type="checkbox"/> Varied Column Span |
| <input type="checkbox"/> Span 29-40' | |

Meters :
_____# Toilets :
_____AC % :


%

Remarks

Remarks : _____

510 _____

Characters _____

 Directions : _____

255 _____

Characters _____

Broker _____

Remarks : _____

250 _____

Characters _____

Internet _____

Remarks : _____

150 _____

Characters _____

Additional Information

Information Available : *Select Up To 8*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Aerial Photo(S) | <input type="checkbox"/> Drawings | <input type="checkbox"/> Copy Of Lease(S) | <input type="checkbox"/> Soil Test |
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Environment Study | <input type="checkbox"/> Other Available Information | <input type="checkbox"/> Stock Inventory |
| <input type="checkbox"/> Additional Assessments | <input type="checkbox"/> Equipment Inventory | <input type="checkbox"/> Owner Managed | <input type="checkbox"/> Existing Survey |
| <input type="checkbox"/> Books & Records | <input type="checkbox"/> Financial Statement | <input type="checkbox"/> Personal Property Inventory | <input type="checkbox"/> Tax Return |
| <input type="checkbox"/> Bylaws And Documents | <input type="checkbox"/> Full Apod | <input type="checkbox"/> Photos | <input type="checkbox"/> Title/Abstracts |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Investment Analysis | <input type="checkbox"/> Rent Rolls | <input type="checkbox"/> Topography |
| <input type="checkbox"/> Deed | <input type="checkbox"/> Inventory | <input type="checkbox"/> Site Plans | <input type="checkbox"/> Training Program |

Miscellaneous Information : *Select Up To 16*

- | | | | | | |
|--|---|--|--|--|---|
| <input type="checkbox"/> Airport Access | <input type="checkbox"/> Freight Elevator | <input type="checkbox"/> Laundry Facilities | <input type="checkbox"/> Manager On Premises | <input type="checkbox"/> Pool | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Cleaning Required | <input type="checkbox"/> Fuel Pump | <input type="checkbox"/> Truck/Loading Dock | <input type="checkbox"/> No Drainage | <input type="checkbox"/> Private Restrooms | <input type="checkbox"/> Storm Sewers |
| <input type="checkbox"/> Clear Span | <input type="checkbox"/> Furniture Leased | <input type="checkbox"/> Lobby | <input type="checkbox"/> No Lawn Sprinklers | <input type="checkbox"/> Public Restrooms | <input type="checkbox"/> Termite Board |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Bottled Gas | <input type="checkbox"/> Cocktail Lounge | <input type="checkbox"/> Office | <input type="checkbox"/> Rear Access | <input type="checkbox"/> Automobile Traffic |
| <input type="checkbox"/> Columns | <input type="checkbox"/> Compressed Natural Gas | <input type="checkbox"/> Dryer(S) | <input type="checkbox"/> Open Storage | <input type="checkbox"/> Reception Area | <input type="checkbox"/> Heavy Traffic |
| <input type="checkbox"/> Compressor | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Tv(S) Leased | <input type="checkbox"/> Other Miscellaneous | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Light Traffic |
| <input type="checkbox"/> Computer Wiring | <input type="checkbox"/> Handicap Accessible | <input type="checkbox"/> Washer(S) Leased | <input type="checkbox"/> Outside Storage | <input type="checkbox"/> On Site Retention | <input type="checkbox"/> Medium Traffic |
| <input type="checkbox"/> Conveyor System | <input type="checkbox"/> Inside Corridors | <input type="checkbox"/> Lawn Sprinkler-City Water | <input type="checkbox"/> Overhead Crane | <input type="checkbox"/> Room For Pool | <input type="checkbox"/> Pedestrian Traffic |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Some Terms Leased | <input type="checkbox"/> Lawn Sprinkler-Canal/Lake | <input type="checkbox"/> Overhead Doors | <input type="checkbox"/> Separate Office Area | <input type="checkbox"/> Water Tower |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Janitorial Services | <input type="checkbox"/> Lawn Sprinkler-Well Water | <input type="checkbox"/> Owner Help Accommodations | <input type="checkbox"/> Separate Warehouse Area | |
| <input type="checkbox"/> Fenced Area | <input type="checkbox"/> Kitchen Facilities | <input type="checkbox"/> Median Cut | <input type="checkbox"/> Paneling | <input type="checkbox"/> Showroom | |
| <input type="checkbox"/> Fill Required | <input type="checkbox"/> Landscaped | <input type="checkbox"/> Meeting Rooms | <input type="checkbox"/> Plumbed For Medical | <input type="checkbox"/> Spray Booth | |

Utility Information

Heating Description : *Select Up To 4*

- | | |
|---|---|
| <input type="checkbox"/> Central Electric | <input type="checkbox"/> Other |
| <input type="checkbox"/> Central Gas | <input type="checkbox"/> Reverse Cycle |
| <input type="checkbox"/> Central Building A/C | <input type="checkbox"/> Solar Heat |
| <input type="checkbox"/> Central Individual A/C | <input type="checkbox"/> Gas Space Heater |
| <input type="checkbox"/> Exhaust Fans | <input type="checkbox"/> Oil Space Heater |
| <input type="checkbox"/> Floor Furnace | <input type="checkbox"/> Wall Window Unit |
| <input type="checkbox"/> No Heat | <input type="checkbox"/> Wall Furnace |

Water Description : *Select Up To 3*

- ☐ Other
☐ Public Water
☐ Well Water

Cooling Description : *Select Up To 4*

- | | |
|---|--|
| <input type="checkbox"/> Central Building A/C | <input type="checkbox"/> Other |
| <input type="checkbox"/> Central Individual A/C | <input type="checkbox"/> Reverse Cycle |
| <input type="checkbox"/> Exhaust Fans | <input type="checkbox"/> Wall Window Units |
| <input type="checkbox"/> No Air Conditioning | |

Sewer Description : *Select Up To 3*

- ☐ Other Sewer
☐ Public Sanitation
☐ Septic Tank
☐ On-Site Treatment

Financial/Office Information**Terms Considered :** *Select Up To 4*

- | | |
|---|--|
| <input type="checkbox"/> Assumption | <input type="checkbox"/> Lease Option |
| <input type="checkbox"/> All Cash | <input type="checkbox"/> Lease Purchase |
| <input type="checkbox"/> Cash Only | <input type="checkbox"/> Other Terms |
| <input type="checkbox"/> Conventional/Refinancing | <input type="checkbox"/> Owner Financing |
| <input type="checkbox"/> Exchange | <input type="checkbox"/> Secondary Financing |

Assumable : ☐ Yes ☐ No**R** Tax Amount : \$ _____Total Mortgage :
\$ _____Total Assumable Loan :
\$ _____**R** Tax Year : _____**R** Assumable Chattel Balance :
\$ _____Dade MKT \$ / Assessed Value :
\$ _____Gross Rent :
\$ _____**R** Annual Gross Sales :
\$ _____Other Income :
\$ _____Cost of Sale :
\$ _____Gross Operating Income :
\$ _____Inventory Value :
\$ _____Fixture Value :
\$ _____**R** Insurance Expense :
\$ _____Annual Total Expenses :
\$ _____Net Operating Income :
\$ _____**R** Inc/Exp Statement Period :
\$ _____**Expenses Include :** *Select Up To 14*

- | | | |
|---|---|---|
| <input type="checkbox"/> Accounting/Legal | <input type="checkbox"/> Other Expenses Include | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Payroll | <input type="checkbox"/> Repairs & Maintenance |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Phone | <input type="checkbox"/> Reserve For Replacements |
| <input type="checkbox"/> Gas/Oil | <input type="checkbox"/> Personal Property Tax | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Janitorial Service | <input type="checkbox"/> Property Insurance | <input type="checkbox"/> Trash Removal |
| <input type="checkbox"/> License & Permits | <input type="checkbox"/> Property Management | <input type="checkbox"/> Utilities/Phone |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Real Estate Taxes | <input type="checkbox"/> Water/Sewer |

R **Source of Expenses :** *Select Up To 4*

- | | |
|---|---|
| <input type="checkbox"/> Accountant Provided | <input type="checkbox"/> Other Source of Expenses |
| <input type="checkbox"/> Audited | <input type="checkbox"/> Owner Provided |
| <input type="checkbox"/> Owner May Show Books | <input type="checkbox"/> Projected Pro-Forma |
| <input type="checkbox"/> Information Limited | <input type="checkbox"/> Tax Return |
| <input type="checkbox"/> None | |

Special Information : *Select Up To 3*

- | | | |
|---|---|---|
| <input type="checkbox"/> Bank Owned Property | <input type="checkbox"/> Environmental Restrictions | <input type="checkbox"/> Other Special Info |
| <input type="checkbox"/> City Jurisdiction | <input type="checkbox"/> Flood Zone | <input type="checkbox"/> Owner Licensed Real Estate Agent |
| <input type="checkbox"/> County Jurisdiction | <input type="checkbox"/> Foreign Seller | <input type="checkbox"/> Plan Approval Required |
| <input type="checkbox"/> Use Conforms To Zoning | <input type="checkbox"/> Institution Owned Property | <input type="checkbox"/> Rezoning Required |
| <input type="checkbox"/> Corp. Owned Property | <input type="checkbox"/> Presently Leased | <input type="checkbox"/> Subject To Impact Fees |
| <input type="checkbox"/> Deed Restrictions | <input type="checkbox"/> Lease Back Available | <input type="checkbox"/> Title Insurance |
| <input type="checkbox"/> Disclosure | <input type="checkbox"/> No Surveys | <input type="checkbox"/> Wheelchair Designed |
| <input type="checkbox"/> Easement(S) | | |

Possession Information :

- Select Up To 2*
- | |
|---|
| <input type="checkbox"/> Before Closing |
| <input type="checkbox"/> Funding |
| <input type="checkbox"/> Long Closing Preferred |
| <input type="checkbox"/> Negotiable |
| <input type="checkbox"/> Other |
| <input type="checkbox"/> Subject To Lease |

Financial/Office Information con't

Agent & Office Information

R List Agent MLS ID :	Agent Name :	Office Name :	Office ID :
_____	_____	_____	_____
	Agent Phone :	Office Phone / Ext. :	
	_____	_____	
Co List Agent MLS ID :	Co Agent Name :	Co Office Name :	Co Office ID :
_____	_____	_____	_____
	Co Agent Phone :	Co Office Phone :	
	_____	_____	

Compensation and Misc. Information

R IDX : <input type="checkbox"/> Yes <input type="checkbox"/> No	R Internet : <input type="checkbox"/> Yes <input type="checkbox"/> No	R AVM : <input type="checkbox"/> Yes <input type="checkbox"/> No	R Blogging : <input type="checkbox"/> Yes <input type="checkbox"/> No	R Address on Internet : <input type="checkbox"/> Yes <input type="checkbox"/> No
R Listing Type : <i>Select up to 1</i> <input type="checkbox"/> Exclusive Agency <input type="checkbox"/> Exclusive With Exceptions <input type="checkbox"/> Exclusive Right To Sell <input type="checkbox"/> Exclusive Variable <input type="checkbox"/> Limited Service <input type="checkbox"/> Limited Representation	R List Date : ____/____/____ MM DD YYYY R Expiration Date : ____/____/____ MM DD YYYY	Owners Name : _____ Owners Phone : _____	Compensation Trans Broker : \$ or % _____ Compensation Non—Rep : \$ or % _____	Compensation Buyers Agent : \$ or % _____ R Variable/Dual Rate : <input type="checkbox"/> Yes <input type="checkbox"/> No Joint Agency : <input type="checkbox"/> Yes <input type="checkbox"/> No
eBrokerHouse : <input type="checkbox"/> Disabled <input type="checkbox"/> SUBMIT AN OFFER	R Occupancy : <i>Select up to 1</i> <input type="checkbox"/> Call Listing Agent <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Vacant	R Showing Instructions : <i>Select Up To 3</i> <input type="checkbox"/> 24 Hour Notice <input type="checkbox"/> Alarm On <input type="checkbox"/> Appointment Only <input type="checkbox"/> See Broker Remarks <input type="checkbox"/> Call Listing Agent <input type="checkbox"/> Call Listing Office <input type="checkbox"/> Call Owner <input type="checkbox"/> Call Tenant <input type="checkbox"/> Courtesy Key	<input type="checkbox"/> Elect Lockbox – Call List Agent <input type="checkbox"/> Elect Lockbox – Call List Office <input type="checkbox"/> Elect Lockbox – No Appointment <input type="checkbox"/> Elect Lockbox – Call Owner <input type="checkbox"/> Gate Code <input type="checkbox"/> Key In Listing Office <input type="checkbox"/> List Agent Must Accompany <input type="checkbox"/> Lockbox - Call List Agent	<input type="checkbox"/> Lockbox - Call List Office <input type="checkbox"/> Lockbox – No Appointment <input type="checkbox"/> Model Call List Office <input type="checkbox"/> No Sign <input type="checkbox"/> Notify Guard <input type="checkbox"/> Other Showing Instructions <input type="checkbox"/> Pet On Premises <input type="checkbox"/> Showing Assist

Virtual Tour / Web Link / Photo Information

URL : _____

Virtual Tour : _____

Photo Instructions : Realtor to Upload Images 1– 35

Listing Agent Signature:	Owners Name :	Date :
_____	_____	_____