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SHARED ADDRESS DECLARATION

This form is required when a premises is being occupied by more than one licensed Public Garage business. The Landlord, Property Owner or Property Manager must complete this form, identifying the multiple businesses operating at the premises (unit/suite #).

ADDRESS: _____

NEW TENANT/APPLICANT: _____

COMMENCEMENT DATE OF OCCUPANCY: _____ day of _____, 20____.
Day Month Year

Fill in the legal name & licence number of all existing tenants/licensees below, as it appears on the business licence.

TENANT NO. 1:	Full name: Licence No. B68-
TENANT NO. 2:	Full name: Licence No. B68-
TENANT NO. 3:	Full name: Licence No. B68-
TENANT NO. 4:	Full name: Licence No. B68-
TENANT NO. 5:	Full name: Licence No. B68-

If additional space is required, please write on the back of this form

LANDLORD or PROPERTY OWNER: _____
(Circle one) (Full Legal Name of Landlord or Property Owner)

PROPERTY TAX ROLL NO.: _____

The information set forth in this document is true, accurate and in all material respects complete.

Landlord or Property Owner:

Print Name: _____

Signature: _____

Phone Number: _____

Date: _____