

# THE MEDICAL COMPLEX, INC.

## APPLICATION FOR LEASE

**Prior Board Approval is required before any lease period can begin.**

**A \$100.00 fee made payable to The Medical Complex must be submitted before approval is granted. Please provide a copy of Driver License for each applicant.**

A criminal background report is required for all lessees on an application. All information on this application page is Kept Confidential, except the information that will be posted on the Lessee's Information Sheet.

### **UNIT OWNER'S INFORMATION (To be completed and signed by owner prior to submission)**

Owner Name: \_\_\_\_\_

Suite #: \_\_\_\_\_ Possession Date: \_\_\_\_\_

Lease dates from: \_\_\_\_\_ to \_\_\_\_\_

The owner is responsible for any damages to the common elements caused by the acts or omissions of the Lessee.

Owner's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **APPLICANT'S INFORMATION**

Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

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

Business Reference #1 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

***By signing this document, I acknowledge that I have been provided a copy and am aware of The Medical Complex rules and regulations and agree to abide by them.***

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### **ACTION OF THE BOARD OF DIRECTORS**

Applicant Approved

Applicant Disapproved

Association Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return application and application fee payment to:

The Medical Complex, 3701 South Osprey Avenue, Sarasota, FL 34239

Medical Complex Association

To: ALL Tenants and Owners

Re: Rules of The Medical Complex

**Parking:** All tenants, staff and owners must park behind the white line in the parking lot. This allows greater accessibility of parking for patients/clients.

**Door locks:** Individual unit door locks must be keyed to the master so that we have accessibility in case of emergency. Please contact Justin for more information, [jpatterson@pcmfla.com](mailto:jpatterson@pcmfla.com)

If locks need to be corrected the cost will be billed to the individual unit owner.

**Gates:** It is every tenant/owners' responsibility to lock the exterior gates after hours or on weekends. When you leave if it is after hours, please lock the gate and check the others. Gates will be closed at 7pm daily.

**Plumbing:** This building has older pipes and plumbing system. Please only use and flush thin toilet paper. Please place signage in bathrooms to remind folks not to flush wipes, feminine products, paper towels and excessive toilet paper for your customers as well as staff. Recommended paper is Single Ply from Scott.

**Building Structure:** Do not alter or add anything to the structure. If you have a request to add or alter please submit it to Justin for board approval – [jpatterson@pcmfla.com](mailto:jpatterson@pcmfla.com)

**Garbage and Remodel Waste:** Do not leave remodel waste and garbage for pickup outside of the dumpsters. You must call city of Sarasota waste management for a special pick up and pay the cost.

Large items are a special pick up and the fee will be charged to the unit. This will need to be scheduled by the owner or tenant personally and not the association.

Recycle bins are here for your use.

**Shredding:** The medical complex provides for shredding required by medical professionals. Large grey bins on each floor are for use by any unit in the building.

**Garbage Pickup Per Unit:** The medical complex provides for daily garbage pickup in each unit. If you would like this service please contact Paula with JC Maintenance. 941-724-4617

**Signage:** All signage for units in the complex will need to be approved by the Board. Signage must be like size and style of all others in the community. Please forward your proof to [jpatterson@pcmfla.com](mailto:jpatterson@pcmfla.com).

The directory will be updated by Justin and billed to the owner. Please email [jpatterson@pcmfla.com](mailto:jpatterson@pcmfla.com) with the this information to be updated.

**Emergency Contacts and Office Directory:** Emergency contacts are listed on a following page. All tenants will provide a contact person for afterhours emergencies to Justin @ 941.921.5393. Emergencies are qualified as FIRE, FLOOD OR BLOOD.

**How to report homeless or emergency:** If there is any suspicious activity or personal safety concern, please call the police immediately. If there is an issue regarding the structure, please contact Justin at 941-921-5393.

**Bikes:** All bikes, scooters and mobile vehicles will be parked in the allocated space on the side of the building. Bikes shall not be parked inside the building or under the portico.

**Smoking:** This is a 100% smoke and vape free campus. Smoking shall only be allowed 50 feet off campus or inside of a personal vehicle.

**Unit Modifications:** If there are any plans to make interior modifications to the unit, please provide Justin with a general description of the modification and proposed start/end date.