

SOUTHEAST FLORIDA
BUS DATA INPUT FORM
 Business Opportunity

INSTRUCTIONS:

- R** • Indicates a required field. All required fields must be completed to add a listing.
- PID** will automatically fill (if available from **Broward, Miami-Dade and Palm Beach** Counties): Street Number, Compass Point, Street Name, Street Type, Unit, County, Legal, Year Built, Living SF, Total SF, Taxes and Tax Year.
- Fields with Asterisk * represents numerical fields.

R Area: _____ * **R** Street Number: _____ * **R** CP : _____
Compass Point

R Street Name: _____

R County: *Select One* **R** Folio # : _____

Broward Hendry Martin Monroe Other St. Lucie
 Glades Indian River Miami Dade Okeechobee Palm Beach Brevard

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

R Legal _____ **R** Zoning _____

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

R Business Name : _____ **R** Geo Area: *See Table*

General Information

R Short Sale: Yes No **R** Lender Approval : Approved **R** Range Price: RP **R** Lower List Price: \$ _____ * **R** List Price: \$ _____ *
req'd if Short Sale = Yes Unapproved Required if Range Price Listing is selected

R Short Sale Addendum : Yes No **R** Property Description : _____ **R** County Land Use : _____ *

R Auction : *Select One* **R** Auction Type : *Select One* **R** Year Built : _____ * **R** Year Built Description: **R** Environmental Audit : *Select One*
 Yes No ABS — Absolute New Construction None
 MIN — Minimum Bid Resale Phase 1
 NDR — Non Disclose Reserve Under Construction Phase 2
 Unknown Unknown Phase 3
 Unknown

R Style: Automotive Farms/Groves/Ranches Marine Retail
Select Bar/Lounge Only Food Medical Service Service
Max 3 Beauty/Barber Shop Franchise Mobile Home Park Storage
 Building/Trade Service Gas Sold Other Style Tavern/Bar
 Business Lounge Professional Service Vending Industrial
 Personal Customer Serv. Manufacturing Restaurant Wholesale
 Convenience Store

R Sale Includes (Sale) : *Max 2*
 Business and Building
 Business Building And Land
 Business Only
 Other Sales Includes

General Information

Additional Business Name : _____

Sales Includes : *Max 4*

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

R Type Of Business : _____

R Type Of Building : *Max 3*

- Anchored Center
- Industrial/Manufacturing
- 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

Lot Frontage : _____ *

R Location Of Property : *Max 3*

- Anchored Center
- Corner Unit
- Industrial Park
- Other Location
- Beach Access
- Corner Lot
- Inside Location
- Out Parcel
- Central Beach District
- County Location
- Inside Lot
- In Residential Area
- City Location
- End Unit
- Near Airport
- Shopping Center
- Commercial Park
- Loc. In Flood Zn.
- Near Seaport
- Waterfront

Ownership : *Select One*

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

Construction Description : *Max 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 : *Max 3*

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

Road Frontage : *Max 4*

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

Roof Description : Max 3

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

Electric Service : Max 4

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

Fire Protection : Max 4

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

Parking Spaces : _____*

Parking Description : Required if Parking Spaces > 0 Max 3

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

Security : Max 3

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

Licenses : Max 4

- Beer & Wine License
- City License
- County License
- Liquor License
- No Licenses
- Occupational License
- Other License
- Professional License
- State License
- Trade License

Approx. Lot Size : _____*

Road Type : Max 2

- Three Lane
- Divided
- Four Lane
- Interchange
- No Road
- One Way
- Two Lane

Rail Description : Max 2

- Mainline
- No Rail Service
- Siding
- Spur

General Information

R Year Business Established : _____ * Training Available : Yes No Annual Base Rate : *Select One*

of Employees : _____ Building/Business SqFt : _____ Up To \$ 5.00 Bas/Ft \$11.01-\$13.00 Bas/Ft Maximum Door Height : *Select One*

7 Hours Or Less 11 Hours \$5.01-\$7.00 Bas/Ft \$13.01 -\$17.00 Bas/Ft Door-Ht 0-8'

8 Hours 12 Hours \$7.01-\$9.00 Bas/Ft Over \$17.00 Bas/Ft Door-Ht 8-10'

9 Hours 24 Hours \$9.01-\$11.00 Bas/Ft Other Annual Base Rate Door-Ht 10-12'

10 Hours Varies Other Annual Base Rate Door-Ht 12+

R Hours Open : *Select One* **R** SqFt Occupied : _____ * # Bays : _____ * Dock Height : _____ * Improvement Height : *Select One*

7 Hours Or Less 11 Hours # Office : _____ * 1 Story 10-14 Stories

8 Hours 12 Hours # Loading Doors : _____ * 2 Stories 15-18 Stories

9 Hours 24 Hours # Seats : _____ * 3 Stories 19-25 Stories

10 Hours Varies # Days Open : _____ * 4 Stories 26+ Stories

5 Stories Other Improvement Height

6-9 Stories

Lease Term Remaining : *Max 2* Lease Expiration Date : _____ * Miles To Expressway : _____ * Column Span : *Select One*

1-3 Years No Lease Terms Remaining MM / DD / YYYY Span 10-15' Span 41+'

4-6 Years Options Available Miles To Beach : _____ * Span 16-20' Unknown

7-10 Years Other Lease Terms # Tenants : _____ * Span 21-28' Varied Column Span

11 Years Or More Vacant # Meters : _____ * Span 29-40'

Month to Month Lease Renewal Options : _____ * # Toilets : _____ *

Boat Services :

0 to 20 Ft Boat Full Service Subject to Lease

Attended Hoist/Davit Up to 100 Ft Boat

Beach Lift Up to 30 Ft Boat

Beach Access Live Aboard Up to 40 Ft Boat

Boat Lock Marina Up to 50 Ft Boat

Boathouse No Wake Zone Up to 60 Ft Boat

Common Dock Other Water Access Up to 70 Ft Boat

Community Marina Over 101 Ft Boat Up to 80 Ft Boat

Community Ramp Overnight Up to 90 Ft Boat

Dock Available Parking Wake Zone

Dock Owned Included Private Dock Water Available

Electric Available Ramp Wi-Fi Available

Exclusive Use Restroom Yacht Club

Fishing Pier Sew Pump Available

Fuel

AC % : _____ % *

Remarks

Remarks :

800

Characters



Directions :

255

Characters

Remarks Con't

Broker _____

Remarks : _____

408 _____

Characters _____

Internet _____

Remarks : _____

150 _____

Characters _____

Office _____

Remarks : _____

200 _____

Characters _____

Supplemental Listings

10,000 Characters: _____

Additional Information

Information Available : *Max 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 : *Max 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) Leased | <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 Items 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 Accommod. | <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 | |

Storm Protection : *Max 10*

- | | | |
|--|---|--|
| <input type="checkbox"/> Clear Impact Glass | <input type="checkbox"/> Curr Owner Wind Mit | <input type="checkbox"/> Partial Impact Glass |
| <input type="checkbox"/> Complete Accordian Shutters | <input type="checkbox"/> Curr Owner Wind Mitin Cert Avail | <input type="checkbox"/> Partial Other Protection |
| <input type="checkbox"/> Complete. Eclectic Power Shutters | <input type="checkbox"/> Elec Panel for Portable Power | <input type="checkbox"/> Partial Panel Shutters/Awnings |
| <input type="checkbox"/> Complete Impact Glass | <input type="checkbox"/> Generator Hookup | <input type="checkbox"/> Partial Permanent Generator |
| <input type="checkbox"/> Complete Other Protection | <input type="checkbox"/> High Impact Door | <input type="checkbox"/> Partial Roll Down Shutters |
| <input type="checkbox"/> Complete Panel Shutters/Awnings | <input type="checkbox"/> Partial Accordian Shutters | <input type="checkbox"/> Safe Room |
| <input type="checkbox"/> Complete Roll Down Shutters | <input type="checkbox"/> Partial Electric Power Shutters | <input type="checkbox"/> Whole House Permanent Generator |

Green Energy Efficient :

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Thermostat |
| <input type="checkbox"/> Energy Generation | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Exposure/Shade | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> WattWise |
| <input type="checkbox"/> Incentives | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Insulation | |

Utility Information

Heating Description : *Max 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 : *Max 3*

- | |
|---------------------------------------|
| <input type="checkbox"/> Other |
| <input type="checkbox"/> Public Water |
| <input type="checkbox"/> Well Water |

Cooling Description : *Max 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 Cooling | |

Sewer Description : *Max 3*

- | |
|--|
| <input type="checkbox"/> Other Sewer |
| <input type="checkbox"/> Public Sanitation |
| <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> On-Site Treatment |

Financial/Office Information

Terms Considered : Max 4

- Assumption
- All Cash
- Cash Only
- Conventional/Refinancing
- Cryptocurrency
- Exchange
- Lease Option
- Lease Purchase
- Other Terms
- Owner Financing
- Secondary Financing

Assumable : Yes No

R Total Assumable Loan :
\$ _____ *

Dade MKT \$ / Assessed Value :
\$ _____ *

Property Assessed Cleaned

Energy (PACE):

Yes No

R Tax Amount : \$ _____ *

R Tax Year : _____ *

Special Assessment : Yes No

Total Mortgage :
\$ _____ *

R Assumable Chattel Balance :
\$ _____ *

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 : Max 14

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

R Source of Expenses : Max 4

- Accountant Provided
- Audited
- Owner May Show Books
- Information Limited
- None
- Other Source of Expenses
- Owner Provided
- Projected Pro-Forma
- Tax Return

Flood Zone : _____

Special Information : Max 3

- Bank Owned Property
- City Jurisdiction
- County Jurisdiction
- Use Conforms To Zoning
- Corp. Owned Property
- Deed Restrictions
- Disclosure
- Environmental Restrictions
- Flood Zone
- Foreign Seller
- Institution Owned Property
- Presently Leased
- Lease Back Available
- No Surveys
- Other Special Info
- Plan Approval Required
- Rezoning Required
- Subject To Impact Fees
- Title Insurance
- Wheelchair Designed
- Easement(S)

Possession Information :

- Select Up To 2
- Before Closing
 - Funding
 - Long Closing Preferred
 - Negotiable
 - Other
 - Subject To Lease

R Owner Agent : Yes No

Hardship Package :

- Complete
- Incomplete
- Submitted

Financial/Office Information con't

Agent & Office Information

List Agent MLS ID : _____	Agent Name : _____	Office Name : _____	Office ID : _____
Preferred Contact Phone : _____*	List Agent Alt Phone : _____*	Office Phone / Ext. : _____*	Office Fax Phone : _____*
Agent Email : _____	Co Agent Name : _____	Co Office Name : _____	Co Office ID : _____
Co List Agent MLS ID : _____	Co Agent Phone : _____*	Co Office Phone : _____*	Office Fax Phone : _____*

Compensation and Misc. Information

IDX : <input type="checkbox"/> Yes <input type="checkbox"/> No	Internet : <input type="checkbox"/> Yes <input type="checkbox"/> No	AVM : <input type="checkbox"/> Yes <input type="checkbox"/> No	Blogging : <input type="checkbox"/> Yes <input type="checkbox"/> No	Address on Internet : <input type="checkbox"/> Yes <input type="checkbox"/> No
Listing Type : <i>Select 1</i> <input type="checkbox"/> Exclusive Agency <input type="checkbox"/> Exclusive With Exceptions <input type="checkbox"/> Exclusive Right To Sell/Rent <input type="checkbox"/> Exclusive Variable <input type="checkbox"/> Limited Service	List Date : ____/____/_____* MM DD YYYY	Owners Name : _____	Compensation Trans Broker : \$ or % _____ <small>Only One Compensation is required</small>	Compensation Buyers Agent : \$ or % _____ <small>Only One Compensation is required</small>
MLS Offers : <input type="checkbox"/> Disabled <input type="checkbox"/> Enabled	Occupancy : <i>Select 1</i> <input type="checkbox"/> Call Listing Agent <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Tenant Occupied <input type="checkbox"/> Vacant	Owners Phone : _____*	Compensation Non—Rep : \$ or % _____ <small>Only One Compensation is required</small>	Variable/Dual Rate : <input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus : <input type="checkbox"/> Yes <input type="checkbox"/> No	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"/> Lockbox - Call List Agent <input type="checkbox"/> Lockbox - Call List Office	Joint Agency : <input type="checkbox"/> Yes <input type="checkbox"/> No <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 :** _____