

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

R **Street Name:** _____

R **County:** *Select One* **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** _____

Legal _____ **R** **Zoning** _____

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

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

General Information

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

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

Auction : *Select One* **Auction Type :** *Select One* **R** **Year Built :** _____ * **Year Built Description:** **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 **Sale Includes (Sale) :** *Max 2*

Select Bar/Lounge Only Food Medical Service Service Business and Building
Max 3 Beauty/Barber Shop Franchise Mobile Home Park Storage Business Building And Land
 Building/Trade Service Gas Sold Other Style Tavern/Bar Business Only
 Business Lounge Professional Service Vending Industrial Other Sales Includes
 Personal Customer Serv. Manufacturing Restaurant Wholesale
 Convenience Store

General Information

Additional Business Name : _____

Sales Includes : *Max 4*

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

Type Of Business : _____

Type Of Building : *Max 3*

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

Lot Frontage : _____ *

Location Of Property : *Max 3*

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

Ownership : *Select One*

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

Construction Description : *Max 4*

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

Flooring : *Max 3*

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

Road Frontage : *Max 4*

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

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
- Accessible 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

Year Business Established : _____ * **Training Available :**
 Yes No **Annual Base Rate :** *Select One*
 Up To \$ 5.00 Bas/Ft \$11.01-\$13.00 Bas/Ft **Maximum Door Height :** *Select One*
 \$5.01-\$7.00 Bas/Ft \$13.01 -\$17.00 Bas/Ft Door-Ht 0-8'
 \$7.01-\$9.00 Bas/Ft Over \$17.00 Bas/Ft Door-Ht 8-10'
 \$9.01-\$11.00 Bas/Ft Other Annual Base Rate Door-Ht 10-12'
 Door-Ht 12+

of Employees : _____

Building/Business SqFt :

Hours Open : *Select One*

- 7 Hours Or Less 11 Hours
 8 Hours 12 Hours
 9 Hours 24 Hours
 10 Hours Varies

Days Open :
 _____ *

SqFt Occupied :
 _____ *

Seats :
 _____ *

Bays :
 _____ *

Office :
 _____ *

Loading Doors :
 _____ *

Dock Height :
 _____ *

Improvement Height : *Select One*

- 1 Story 10-14 Stories
 2 Stories 15-18 Stories
 3 Stories 19-25 Stories
 4 Stories 26+ Stories
 5 Stories Other Improvement Height
 6-9 Stories

Lease Term Remaining : *Max 2*

- 1-3 Years No Lease Terms Remaining
 4-6 Years Options Available
 7-10 Years Other Lease Terms
 11 Years Or More Vacant
 Month to Month Lease

Lease Expiration Date :

____/____/_____*
 MM DD YYYY

Renewal Options :
 _____ *

Miles To Expressway :
 _____ *

Miles To Beach :
 _____ *

Tenants :
 _____ *

Column Span : *Select One*

- Span 10-15' Span 41+'
 Span 16-20' Unknown
 Span 21-28' Varied Column Span
 Span 29-40'

Meters :
 _____ *

Toilets :
 _____ *

AC % :
 _____ % *

Boat Services :

- | | | |
|--|---|--|
| <input type="checkbox"/> 0 to 20 Ft Boat | <input type="checkbox"/> Full Service | <input type="checkbox"/> Subject to Lease |
| <input type="checkbox"/> Attended | <input type="checkbox"/> Hoist/Davit | <input type="checkbox"/> Up to 100 Ft Boat |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Lift | <input type="checkbox"/> Up to 30 Ft Boat |
| <input type="checkbox"/> Beach Access | <input type="checkbox"/> Live Aboard | <input type="checkbox"/> Up to 40 Ft Boat |
| <input type="checkbox"/> Boat Lock | <input type="checkbox"/> Marina | <input type="checkbox"/> Up to 50 Ft Boat |
| <input type="checkbox"/> Boathouse | <input type="checkbox"/> No Wake Zone | <input type="checkbox"/> Up to 60 Ft Boat |
| <input type="checkbox"/> Common Dock | <input type="checkbox"/> Other Water Access | <input type="checkbox"/> Up to 70 Ft Boat |
| <input type="checkbox"/> Community Marina | <input type="checkbox"/> Over 101 Ft Boat | <input type="checkbox"/> Up to 80 Ft Boat |
| <input type="checkbox"/> Community Ramp | <input type="checkbox"/> Overnight | <input type="checkbox"/> Up to 90 Ft Boat |
| <input type="checkbox"/> Dock Available | <input type="checkbox"/> Parking | <input type="checkbox"/> Wake Zone |
| <input type="checkbox"/> Dock Owned Included | <input type="checkbox"/> Private Dock | <input type="checkbox"/> Water Available |
| <input type="checkbox"/> Electric Available | <input type="checkbox"/> Ramp | <input type="checkbox"/> Wi-Fi Available |
| <input type="checkbox"/> Exclusive Use | <input type="checkbox"/> Restroom | <input type="checkbox"/> Yacht Club |
| <input type="checkbox"/> Fishing Pier | <input type="checkbox"/> Sew Pump Available | |
| <input type="checkbox"/> Fuel | | |

Remarks

Remarks : _____

800 _____

Characters _____



Directions : _____

255 _____

Characters _____

Remarks Con't

Broker _____

Remarks : _____

408 _____

Characters _____

Internet _____

Remarks : _____

150 _____

Characters _____

Office _____

Remarks : _____

200 _____

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"/> 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

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

Flood Zone : _____

R Owner Agent : Yes No

Hardship Package :

- Complete
- Incomplete
- Submitted

Financial/Office Information con't

Agent & Office Information

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

Multiple Offers Accepted : Yes No

Misc. Information

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 1</i>	R List Date : ____/____/_____* MM DD YYYY	Owners Name : _____	Seller-to-Buyer Incentives : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Exclusive Agency	R Expiration Date : ____/____/_____* MM DD YYYY	Owners Phone : _____*	Seller will consider Seller-to-Buyer Incentives included in offer to purchase : <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Exclusive With Exceptions				
<input type="checkbox"/> Exclusive Right To Sell/Rent				
<input type="checkbox"/> Exclusive Variable				
<input type="checkbox"/> Limited Service				
MLS Offers :	R Occupancy : <i>Select 1</i>	Showing Instructions : <i>Select Up To 3</i>		Joint Agency : <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Disabled	<input type="checkbox"/> Call Listing Agent	<input type="checkbox"/> 24 Hour Notice	<input type="checkbox"/> Elect Lockbox – Call List Agent	<input type="checkbox"/> Lockbox – No Appointment
<input type="checkbox"/> Enabled	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Alarm On	<input type="checkbox"/> Elect Lockbox – Call List Office	<input type="checkbox"/> Model Call List Office
	<input type="checkbox"/> Tenant Occupied	<input type="checkbox"/> Appointment Only	<input type="checkbox"/> Elect Lockbox – No Appointment	<input type="checkbox"/> No Sign
	<input type="checkbox"/> Vacant	<input type="checkbox"/> See Broker Remarks	<input type="checkbox"/> Elect Lockbox – Call Owner	<input type="checkbox"/> Notify Guard
		<input type="checkbox"/> Call Listing Agent	<input type="checkbox"/> Gate Code	<input type="checkbox"/> Other Showing Instructions
		<input type="checkbox"/> Call Listing Office	<input type="checkbox"/> Key In Listing Office	<input type="checkbox"/> Pet On Premises
		<input type="checkbox"/> Call Owner	<input type="checkbox"/> Lockbox - Call List Agent	<input type="checkbox"/> Showing Assist
		<input type="checkbox"/> Call Tenant	<input type="checkbox"/> Lockbox - Call List Office	
		<input type="checkbox"/> Courtesy Key		

Virtual Tour / Web Link / Photo Information

URL : _____

Virtual Tour : _____

R Photo Instructions : Realtor to Upload Images 1– 35

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