

## CENTERED THERAPIES, LLC APPLICATION FOR LEASE

## **GENERAL INFORMATION:** APPLICANT'S NAME: \_\_\_\_\_ MIDDLE ADDRESS: \_\_\_\_ CITY STATE CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ EMAIL: BUSINESS NAME: \_\_\_\_\_ TYPE OF ENTITY: \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC/PC \_\_\_\_\_ PARTNERSHIP OTHER (DESCRIBE): TAXPAYER # / FEDERAL EMPLOYER ID: \_\_\_\_\_\_ BUSINESS/PROFESSIONAL WEBSITE URL: BUSINESS/PROFESSIONAL FACEBOOK URL: BUSINESS/PROFESSIONAL INSTAGRAM/OTHER URL: EMERGENCY CONTACT NAME AND PHONE: \_\_\_\_\_\_ ADDRESS OF BUSINESS IF DIFFERENT FROM APPLICANT'S ADDRESS: \_\_\_\_\_ APPLICANT'S PROFESSION: PROFESSIONAL SCHOOL ATTENDED: \_\_\_\_\_ DATE DEGREE/CERTIFICATE ISSUED: APPLICANT'S CURRENT AND/OR ADDITIONAL LICENSE/CERTIFICATE: ISSUING JURISDICTION FOR CURRENT LICENCE/CERTIFICATE (STATE/COUNTY/CITY):

CURRENT LICENSE/CERTIFICATE NUMBER: CURRENT LICENSE/CERTIFICATE			
ISSUE DATE AND EXPIRATION DATE:			
DO YOU HAVE PROFESSIONAL LIABILITY INSUR	ANCE?	YES	NO
COMPANY PROVIDING INSURANCE AND POLICY NUMBER?			
LIMITS OF LIABILITY COVERAGE?	POLICY EXP	IRATION DATE:	
PROFESSIONAL EXPERIENCE			
BUSINESS NAME:			
BUSINESS ADDRESS:STREET			
STREET	CITY	STATE	ZIP
TYPE OF RELATIONSHIP: INDEPE	NDENT CONTRACTOR	EMPLOYEE	
DATES OF RELATIONSHIP (START/END):			
CONTACT PERSON:			
TELEPHONE OF CONTACT PERSON:		OK TO CONTACT?	
BUSINESS NAME:			
BUSINESS ADDRESS:			
STREET	CITY	STATE	ZIP
TYPE OF RELATIONSHIP: INDEPE	NDENT CONTRACTOR	EMPLOYEE	
DATES OF RELATIONSHIP (START/END):			
CONTACT PERSON:			
TELEPHONE OF CONTACT PERSON:	OK TO CONTACT?		
CENTERED THERAPIES, LLC.			
TYPE OF SERVICE(S) YOU INTEND TO PROVIDE	AT CENTERED THERAF	PIES:	
DO YOU CURRENTLY HAVE A CLIENT BASE?			
IF YES, APPROXIMATELY HOW MANY CLIENTS?	)		
HOW MANY CLIENT APPOINTMENTS/SESSIONS DO YOU ANTICIPATE SCHEDULING WEEKLY AT	S		

MORNINGS, AFTERNOONS, LENGTH OF TIME FOR APPOINTMENTS):  HOW OFTEN DO YOU WANT TO RECEIVE EMAILS REGARDING SCHEDULING ADDITIONS, CANCELLATIONS, AND/OR CHANGES:  Every Event  No email reminders  HOW OFTEN YOU WANT TO RECEIVE TEXT MESSAGES REGARDING SCHEDULING ADDITIONS, CANCELLATIONS, AND/OR CHANGES:  Every Event  Once every 2 hours  Once every 4 hours  No Texts  DESCRIBE THE SPACE THAT YOU NEED AND THE FURNISHINGS YOU NEED PROVIDED IN THAT SPACE:  DESCRIBE THE FURNISHINGS THAT YOU WILL PROVIDE AND LEAVE IN THE SPACE:  WHAT SERVICES WOULD YOU LIKE PROVIDED WITH THE SPACE?  WHEN WOULD YOU LIKE THE LEASE TO BEGIN?  SIGNATURE AND VERIFICATION  All of the information provided in this Application for Lease is true and correct to the best of m knowledge.  Date:  Signature of Applicant  Signature of Applicant	HOW LONG IS YOUR AVERAGE CLIENT SE SCHEDULING PREFERENCES (DAYS OF TH		
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Date:  Signature of Applicant  Printed Name of Applicant's Company  Printed Name of Applicant	SIGN	NATURE AND VERIFICAT	ION
Printed Name of Applicant's Company  Printed Name of Applicant  Printed Name of Applicant		Application for Lease	is true and correct to the best of my
Printed Name of Applicant's Company  Printed Name of Applicant  Printed Name of Applicant	Date:		
	Date.		Signature of Applicant
UT Annicanie	Printed Name of Applicant's Company (If Applicable)		Printed Name of Applicant