Application For Office Space

Please complete the entire application.

1. Office Information

Kingdom Fountain Global LLC
Address: 1574 Williamson Rd
City/State/ZIP: Griffin, Georgia 30224
Telephone: 470-712-8138

2. Applicant Information

Applicant Full Name:
_____
Home Address: _____
City/State/ZIP: _____
Mobile or Work Phone: _____
Social Security Number: _____
Driver's License (State/Number): _____

Please provide a description of your business

_____

Will you be the only person utilizing this space? If not, please specify any additional people and their relationship to you.

_____

Please specify any additional businesses that you are affiliated with:

_____

3. Emergency Contact

Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to you:
_____
Address: _____
City/State/ZIP: _____
Daytime Phone: _____
Evening Phone: _____

4. Have you ever been convicted of a felony or misdemeanor?

_____ Yes, I was convicted of _____ on _____ (date) in _____ (city), _____ (state)
_____ No

There will be a $25 background check fee required at return of this application.

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application.
I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

_____ _____
Applicant Signature Date