

Application for Approval of Sale

The undersigned proposes to sell Bee Ridge Medical Center Condominium Association Unit No. _____
to _____. The proposed closing day will be _____. A copy of the proposed
sales contract is attached to this application.

Date	Owner Signature
Applicant	Co-Applicant
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Local Phone: _____	Local Phone: _____
DOB: _____	DOB: _____
Driver's Lic. #: _____	Driver's Lic. #: _____

Please state the intended use of the unit _____

PERSONAL REFERENCES:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

BUSINESS REFERENCES:

Business Landlord: _____ Address: _____ Phone #: _____
Neighboring Business: _____ Address: _____ Phone #: _____

1. Has any proposed owner ever been convicted of a felony or a sex-related crime? _____
2. Has any proposed owner ever been convicted of any crime involving violence to persons or property?

Name of Real Estate Co.: (if any) _____ Phone: _____

I have received and read a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Rules and Regulations and General Information, and the Frequently Asked Questions and Answer Sheet of Bee Ridge Medical Center Condominium Association and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

Date signed: _____
Signature of Prospective Purchaser (Applicant) _____
Telephone Number _____

Bee Ridge Medical Center Condominium Association, Inc.
c/o Allure Property Management, Inc.
9040 Town Center Parkway
Lakewood Ranch, Florida 34202

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS,
RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION.

This application must be received no later than 30 days prior to closing date.

I do hereby authorize with my (our) signature(s) the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Bee Ridge Medical Center Condominium Association, Inc. and all its members now and in the future.

I agree to hold harmless Bee Ridge Medical Center Condominium Association, Inc. Board of Directors, and all providers of information on the prospective owner(s) stated above. In the event that the information provided by me (us) is found to be misleading and/or false my acceptance for this purchase, whether determination is made before or after my date of sale, may be affected.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Action of Board of Directors:

- Approved
- Disapproved

Date: _____

Director or Authorized Agent: _____