

Department of General Services

Jeffrey A. Gasaway, Director



Divisions

Administrative and Business Services
Contract and Purchasing Services
Facility and Property Services
Fleet Services

County of Sacramento

**APPLICATION FOR PROSPECTIVE LESSEE
AGRICULTURAL LAND**

Located at:

South of Kiefer Landfill and Kiefer Boulevard and North of Jackson Road in Sloughouse, CA 95683
(portions of APNs 126-0090-022, 126-0080-031, 126-0080-032)

Company Business Name

Name of Person Completing this Form

Title

By signing below, I hereby attest to the accuracy and completeness of the information provided within this Application package. By submission of this Application, I acknowledge that the County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information contained in the Application. I authorize the release to the County of any and all information sought in such inquiry or investigation. I understand due to the Fair Credit Reporting Act, I may not be furnished a copy of any credit report obtained by the County. I also understand if I lease property from the County, and I fail to fulfill my financial obligations, a negative report may be submitted by the County to a credit reporting agency.

Signature

Date

APPLICATION FOR PROSPECTIVE LESSEE

PART ONE: GENERAL INFORMATION

Page 1

SITE LOCATION:	South of Kiefer Landfill and Kiefer Boulevard and North of Jackson Road in Sloughhouse, CA 95683 (portions of APNs 126-0090-022, 126-0080-031, 126-0080-032)
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1	Name: (exactly as it would appear on the agreement and if operating under a fictitious name so indicate)

2	Form of business entity: Mark applicable entity and, if other than 'individual', complete and return the attached appropriate form at the end of Part Two of this application.
	Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/>

3	Main office address and phone number for official notices: (NOTE: If post office box, also include street address for express mail services)		
Phone No.	()	Facsimile No.	()
E-Mail			

4	Contacts for accounts payable, agreements, and other functions			
Area of Responsibility	Name & Title	Address (if different from #3 above)	Phone No.	Facsimile No.
Accounts Payable				
Agreements				

5 Please describe your proposed operation in detail:

- Describe your agricultural operation and indicate the annual rent you propose to pay.

5 Please describe your proposed operation in detail (continued):

-Briefly describe any experience you have farming in the Sloughouse area and/or leasing agricultural land from the County of Sacramento.

5 Please describe your proposed operation in detail (continued):

-Briefly describe the community and economic impacts / benefits your agricultural operation brings or will bring to the Sloughouse community.

5 Please describe your proposed operation in detail (continued):

- Briefly describe your experience preparing for and managing flood dangers, especially if any of that experience is along Deer Creek.

5 Please describe your proposed operation in detail (continued):

-Briefly describe how your farming operation enhances the habitat value and wildlife in the Sloughouse area. Please include information about erosion control measures and invasive species control measures.

5 Please describe your proposed operation in detail (continued):

This Subsection is for proposed grazing operations only

-Briefly describe your fire prevention plan, including fire breaks, seasonal animal movement, and your ability to respond in event of fire or other emergency.

-Describe how you would propose to improve or rehabilitate pasture soil by incorporating organic material such as wood chips, manure, and/or green material. You may use additional sheets if necessary.

6 Have you had a Contract or Agreement canceled or terminated due to default or breach contract?

Yes No

If the answer is yes, please identify the business location and give such information as is required to explain the cancellation or termination.

7 Are you currently involved in litigation Yes No

If the answer is yes, please identify the business location and give such information as is required to explain the circumstances.

8 Desired starting date of tenancy:

9 Desired Lease Term:

10		List all hazmat products to be handled/stored:	
TYPE (I.E. FUEL, OTHER CHEMICALS, ETC.)		ESTIMATED QUANTITY	
11	Are Material Safety Data Sheets (MSDS) on file at tenant business location?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

1 For the purpose of establishing a clear picture of your financial capability and current fiscal operating position, please submit the following:
 -If an individual, provide a copy of your tax returns for the last two years.
 -If a business entity, provide a balance sheet and operating statement for the two most recently completed fiscal years. Each statement should either bear the certification of the Certified Public Accountant who originally audited and certified the statement or the signature of your Chief Financial Officer if the statements are unaudited.

2	Have you ever been adjudged bankrupt (Chapter 7), or petitioned the court for relief under the Bankruptcy Code or Act for business reorganization (Chapter 11) or the Wage Earner's Plan (Chapter 13)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If the answer is yes, state the following:		
A	Date petition filed:		
B	Case number and jurisdiction:		
C	Amount of liabilities and debts:		
D	Date of discharge or successful completion of reorganization of wage earners plan:		
E	Current status:		

3 Please submit a list of at least three (3) persons or firms with whom your firm has conducted financial transactions crucial to your operations during the past two (2) years and who may be contacted by the County. If firms are used, give the name of the department and/or person(s) whom we may contact.

A	Name		Title	
	Firm Name		Telephone No.	
	Department		Facsimile No.	
	Address			
B	Name		Title	
	Firm Name		Telephone No.	
	Department		Facsimile No.	
	Address			
C	Name		Title	
	Firm Name		Telephone No.	
	Department		Facsimile No.	
	Address			

4 Leasing entity's bank references and account numbers are:		
A	Name	
	Address	
	Account No.	
B	Name	
	Address	
	Account No.	
C	Name	
	Address	
	Account No.	

5 Provide a list of business references:		
A	Name	
	Address	
	Telephone	
B	Name	
	Address	
	Telephone	
C	Name	
	Address	
	Telephone	

6	By submission of this Application, Applicant acknowledges that the County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information contained in the Application. Applicant authorizes the release of any and all information sought in such inquiry or investigation to the County.
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CORPORATION STATEMENT

IF A CORPORATION, answer the following:

A	When incorporated?	
B	Where incorporated?	
C	Is the corporation authorized to do business in California?	Yes <input type="checkbox"/> No <input type="checkbox"/>
D	If so, as of what date?	
E	The corporation is held:	Publicly <input type="checkbox"/> Privately <input type="checkbox"/>

NAME, TITLE & ADDRESS OF EACH OFFICER AND DIRECTOR

	Name	Title	Address	Principal Business Affiliation Other Than Corporate Directorship
1				
2				
3				
4				
5				

OFFICERS

	Name	Position
1		
2		
3		
4		
5		

PARTNERSHIP STATEMENT

IF A PARTNERSHIP, answer the following:

A	Date of Organization				
	Limited Partnership				
	General Partnership				
B	Partnership Agreement Recorded?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
	Date	Book	Page	County	State
C	Has the Partnership done business in California?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
D	When?				

NAME, ADDRESS, AND PARTNERSHIP SHARE OF EACH GENERAL PARTNER (List Managing General Partner first)

	Name	Address	% of Ownership
1			
2			
3			
4			
5			
6			

JOINT VENTURE STATEMENT

IF A JOINT VENTURE, answer the following:

A	Joint Venture Agreement Recorded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Date	Book	Page
			County
			State
B	Has the Joint Venture done business in California?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	When?		

NAME & ADDRESS OF EACH JOINT VENTURER & PERCENT OF OWNERSHIP OF EACH

	Name	Address	% of Ownership
1			
2			
3			
4			
5			
6			