

# TravelCenters of America Renter Questionnaire

Use this form if you are inquiring about leasing space at one or more TA and/or Petro travel centers.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Web page: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ D&B Listing No: \_\_\_\_\_

Tax ID No: \_\_\_\_\_

SIC/NASIC Code (if applicable): \_\_\_\_\_

Ownership:           \_\_\_ Corporation       \_\_\_ Partnership       \_\_\_ Sole Proprietor

If sole proprietor, owners name and SS#: \_\_\_\_\_

Do you plan to:       \_\_\_ Operate myself   \_\_\_ Hire Employees   \_\_\_ Contract

## Business Information

Type of Business: \_\_\_\_\_

Kiosk: \_\_\_   Room: \_\_\_   Permanente Outside Structure: \_\_\_   Other: \_\_\_\_\_

If other, describe: \_\_\_\_\_

Proposed Rent Payment: \_\_\_\_\_ Sq. footage Requirement: \_\_\_\_\_

List products to be sold or services to be rendered: \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

How long have you been offering this product(s) or service? \_\_\_\_\_

List Desired TA/Petro location(s): \_\_\_\_\_

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Product/Environment Safety: Are there any product safety or environmental safety issues associated with your product or service? \_\_\_ Yes \_\_\_ No. If the answer is yes, please provide a one page summary of test results and identify agencies involved.

Please provide three references:

Corporation Name:	Contact:	Telephone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

This will certify to TRAVELCENTERS OF AMERICA that the information supplied on this form is true and correct. I will advise TRAVELCENTERS OF AMERICA promptly if any information should change.

COMPANY: \_\_\_\_\_

CERTIFIED BY: (Signature) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Thank you for your cooperation in completing this questionnaire. We appreciate your interest and will contact you after we have reviewed your proposal packet. All information supplied to us will be kept confidential. Please return this completed questionnaire, along with the other items requested to the address shown below.

**SEND YOUR PACKET TO:**

TravelCenters of America  
Attn: Kathleen Stobierski  
24601 Center Ridge Road, Suite 200  
Westlake, OH 44145-5639

Or email to [stobierski.kathleen@tatravelcenters.com](mailto:stobierski.kathleen@tatravelcenters.com)