

**BUS** BUSINESS OPPORTUNITY  
**COMMERCIAL**

SUBMIT TO: METROLIST, INC. P.O. BOX 4875 ENGLEWOOD, CO 80155  
"●" Items **MUST BE FILLED OUT** or form will be returned.

MLS P □

#

● TAX COUNTY CODE (Use first four letters of county name) \_\_\_\_\_

● PIN \_\_\_\_\_

● CITY \_\_\_\_\_ ADDRESS NUM \_\_\_\_\_ AD DIRECTION (N,E,S,W) \_\_\_\_\_

SUB AREA \_\_\_\_\_

● STREET NAME (Do Not Abbreviate) \_\_\_\_\_ ST TYPE \_\_\_\_\_ ● ZIP CODE \_\_\_\_\_

● AREA (✓ One)  
CBD □ Central Business Dist NW □ Northwest Metro  
MT □ Midtown E □ East Metro  
SE □ Southeast Metro SES □ Southeast Sub  
SW □ Southwest Metro DE □ Douglas/Elbert  
NE □ Northeast Metro OSM □ Outside Metro

● SALE PRICE \$ \_\_\_\_\_  
PRICE BUSINESS \$ \_\_\_\_\_  
PRICE REAL EST \$ \_\_\_\_\_  
APPRaised Y □ Yes YEARAPPR \_\_\_\_\_  
OWNER LEASE Real Estate Y □ Yes  
PROPOSED RATE \$ \_\_\_\_\_ Per Mo

GRID INFORMATION

● NS DIR (✓ One) ● NS# \_\_\_\_\_  
N □ North  
S □ South  
O □ Out of Metro Area

● EW DIR (✓ One) ● EW# \_\_\_\_\_  
E □ East  
W □ West  
O □ Out of Metro Area

BUSINESS INFORMATION

● BUSINESS CATEGORY (✓ One) (Book Section)  
RE □ Retail Business WH □ Whole/Distribution/Bus  
RS □ Restaurant/Bar EA □ Entertainment Establish  
SB □ Service Business FF □ Fast Food  
LI □ Liquor Stores PU □ Publish/Printing Bus  
MA □ Manufacturing/Bus AU □ Automotive Business  
CO □ Construction/Bus OT □ Other  
CS □ Church/Day Care/Schools

SIC CODE \_\_\_\_\_ X \_\_\_\_\_

LEASE INFORMATION (If Building Leased)

● LEASE RATE \$ \_\_\_\_\_ SF  
RATE (✓ One) RENT ESCAL (✓ One)  
GRS □ Gross % □ OTH □  
NET □ Net CPI □

LEASE TERM Remaining \_\_\_\_\_ Yrs  
RENEW OPTIONS Y □ Yes  
LEASE DEPOSIT \$ \_\_\_\_\_  
ASSIGNABLE Y □ Yes  
PURCHASE OPTIONS Y □ Yes

LOAN INFORMATION

LOAN BALANCE \$ \_\_\_\_\_  
AS OF DATE \_\_\_\_\_

LOAN TYPE (Existing Financing) (✓ One)  
CV □ Conv FR □ Fixed  
P □ Private VR □ Varib  
EQ □ Equip  
SB □ Small Business Admin  
OT □ Other

● BUSINESS TYPE/name \_\_\_\_\_

BUS ENTITY (✓ One) CORP SELLING (✓ One)  
SP □ Regional AS □ Assets  
PT □ Community ST □ Stock  
CO □ Neighborhood

YRS OPERATING \_\_\_\_\_ Yrs  
BY OWNER \_\_\_\_\_ Yrs  
LICENSE REQUIRED Y □ Yes  
FRANCHISE Y □ Yes

TX SQ FT \_\_\_\_\_ T □ Tenant O □ Owner  
INSUR SQ FT \_\_\_\_\_ T □ Tenant O □ Owner  
UTILITIES \_\_\_\_\_ T □ Tenant O □ Owner  
CAM \_\_\_\_\_ T □ Tenant O □ Owner  
TAX/INS Incl In CAM Y □ Yes

INTEREST RATE % \_\_\_\_\_

PAYMENT \$ \_\_\_\_\_  
PAYM PER (✓ One)  
M □ Month S □ Semi-A  
Q □ Quarter A □ Annual

PMT INCLUDES  
P I T I (circle which apply)  
CALL DATE \_\_\_\_\_

DAYS OPEN \_\_\_\_\_ # Per Week  
HOURS OPEN \_\_\_\_\_ DAYS (Circle)  
AM to \_\_\_\_\_ PM MTWTFSS  
AM to \_\_\_\_\_ PM MTWTFSS  
AM to \_\_\_\_\_ PM MTWTFSS

EMPLOYEES OWNERS Active (✓ One)  
EMPL FT # FT □ Full Time  
EMPL PT # PT □ Part Time

SITE INFORMATION

ACRES \_\_\_\_\_  
SQ FT \_\_\_\_\_  
SITE FRONTAGE \_\_\_\_\_ Ft  
DEPTH \_\_\_\_\_ Ft  
ZONING \_\_\_\_\_  
PARKING SPACES \_\_\_\_\_ #  
OUTSIDE STORAGE \_\_\_\_\_ SF  
ENVIRONMENTAL Audit Avail Y □ Yes

DUE DATE \_\_\_\_\_

ASSUME Y □ Yes  
TOTAL ASM DEBT \$ \_\_\_\_\_  
● TOTAL DEBT BUS \$ \_\_\_\_\_  
● TOTAL DEBT RE \$ \_\_\_\_\_

IMPROVEMENT INFORMATION

● BLDG SQ FT \_\_\_\_\_  
DIMENSIONS (Building) \_\_\_\_\_ X \_\_\_\_\_  
YOC (Year Built) \_\_\_\_\_ BUILDINGS (# of) \_\_\_\_\_  
FLOORS (# of Flrs) \_\_\_\_\_  
MEETS CODE Y □ Yes

SALES INFORMATION (If RE Included)

● RE TAXES \$ \_\_\_\_\_ ● TX YR \_\_\_\_\_  
RE INSUR \$ \_\_\_\_\_

● TERMS (✓ Up to 5)  
C □ Cash W □ Wrap  
CV □ Conv BO □ Bond  
A □ Assume SB □ Sm Bus Adm  
EX □ Exchange OT □ Other  
OC □ Own Carry LO □ Lease/Option

MINIMUM DOWN BU \$ \_\_\_\_\_  
MINIMUM DOWN RE \$ \_\_\_\_\_

ADDITIONAL TERMS  
(Enter assumpt info or any other Special Financing not indicated above.)

BUILDING TYPE

LOCATION RETAIL (✓ One)  
RE □ Regional ST □ Strip  
CO □ Community CN □ Convenience  
NE □ Neighborhood FR □ Free Standing  
ENCLOSED MALL Y □ Yes  
LOCATION OFFICE Y □ Yes  
LOCATION INDUSTRIAL Y □ Yes  
LOCATION HOME Y □ Yes

ANCHOR/MAJOR Tenants  
AT1 \_\_\_\_\_  
AT2 \_\_\_\_\_  
AT3 \_\_\_\_\_  
AT4 \_\_\_\_\_

INCLUDED IN BUSINESS PRICE

FURN-FIX-EQUIP (FMV) \$ \_\_\_\_\_  
INVENTORY (Cost) \$ \_\_\_\_\_  
LEASEHOLD IMPROV \$ \_\_\_\_\_  
VALUE FRANCHISE \$ \_\_\_\_\_  
OTHER BUS \$ \_\_\_\_\_  
DESCRIBE OTHER \_\_\_\_\_

BUSINESS FINANCIAL INFORMATION ACTUAL YEAR \_\_\_\_\_

GROSS RECEIPTS \$ \_\_\_\_\_  
COST GOODS SOLD \$ \_\_\_\_\_  
GROSS PROFIT \$ \_\_\_\_\_  
TOTAL EXP \$ \_\_\_\_\_  
NET BEFORE TAX \$ \_\_\_\_\_

INCLUDED IN EXPENSE

SALARY OWNER \$ \_\_\_\_\_  
FRINGES OWNER \$ \_\_\_\_\_  
DEPRECIATION \$ \_\_\_\_\_  
INTEREST EXP \$ \_\_\_\_\_  
OTHER EXP \$ \_\_\_\_\_  
ADJ NET \$ \_\_\_\_\_

REMARKS and/or EXCLUSIONS (Enter Remarks, separate w/commas and/or spaces. First two lines will appear in book. Use R1, R2 and R3 to modify Remarks.)

● LISTOR \_\_\_\_\_ PH L \_\_\_\_\_ ● AGENT ID \_\_\_\_\_  
● OFFICE NAME \_\_\_\_\_ ● PH O \_\_\_\_\_ ● OFFICE ID \_\_\_\_\_  
EMAIL \_\_\_\_\_

COOP COMPENSATION (At least one \$ amount or % must be offered) \_\_\_\_\_

● BUYERS AGENCY \_\_\_\_\_  
● TRANSBROKER \_\_\_\_\_  
MIN COMP \$ \_\_\_\_\_

● EXCLUSIVE AGCY (✓ One) PROSPECT RESERVATION (✓ One)  
EA □ Exclusive Agency P □ Yes  
ER □ Exclusive Right □ No  
VARIABLE COMM (✓ One)  
V □ Yes  
□ No

BW GLOSSIES (3.5 x 5 Black & White Picture) LASER PRINT (Digitized Print)  
SCREENED PRINT (Half Tone Picture)

● SIGNATURE \_\_\_\_\_  
● LIST DATE \_\_\_\_\_ ● EXP DATE \_\_\_\_\_

REASON NO PHOTO Metrolist will take a Photo unless indicated below:  
P □ Negative, Black & White Photo, Map or Rendering Will Be Submitted.  
U □ Under Construction  
N □ No Photo at this Time (Garage Sale, Painting, etc.)

● ENTERED WHERE Enter BO for Broker Office  
● ENTERED BY Enter Initials For Identifying Entry Person