

APPLICATION FOR LICENSE AGREEMENT
(Within Florida East Coast Railway's right-of-way)

Date: _____

Applicant Information:

Applicant Name: _____
Address: _____ City, St, ZIP: _____
Contact Person: _____ Contact Email: _____
Contact Work Phone: _____ Contact Cell Phone: _____
After Hours _____
Emergency Contact: _____ Emergency Phone: _____

Billing Contact Information:

Name: _____ Title: _____
Phone: _____ Email: _____
Billing Address: _____ City, St, ZIP: _____

Legal Information for License Agreement:

Legal Name of Entity: _____
Type of Entity: _____
Address of Entity: _____ City, St, ZIP: _____
Owner/President: _____
Federal Identification Number / Tax ID: _____

Name and title of person that will be executing the License Agreement:

Name: _____
Title: _____

Notice Provision – To whom and where do you want legal notices to be mailed:

Name: _____
Address: _____ City, St, ZIP: _____
Attention: _____ Title: _____
Copy to: _____
Name: _____
Address: _____ City, St, ZIP: _____
Attention: _____ Title: _____

Submit the Blanket License Agreement application and non-refundable \$1,500 application fee to:

FEC ROW, LLC
Attn: Utility Licensing
7150 Philips Highway
Jacksonville, FL 32256

CREDIT APPLICATION

GENERAL INFORMATION

 Lessee Business/Individual Name:
 (use complete legal name)

 Corporation
 Partnership
 Proprietorship
 Other

Physical Address:

City, State, Zip Code:

Phone number:

Fax Number:

Email:

 Name/Title or Principle Officer, Partner,
 or Proprietor:

\$ Volume per Month:

Number of years in business:

Duns#:

BILL TO INFORMATION

 Lessee Business/Individual Name:
 (bill to name)

Bill to Address:

City, State, Zip Code:

Contact name:

Phone Number:

Fax Number:

Email:

REFERENCES

BANK:

Name:

Address (including City, State, Zip Code):

Contact:

TRADE:

Name:

Address (including City, State, Zip Code):

Contact:

The customer acknowledges and agrees to this credit application in their request to their application with FEC ROW.

ACCEPT AND AGREED

CUSTOMER

Signature: _____

Print Name: _____

Title: _____

Date: _____

 NOTE: Please complete, scan and email to fecrow@fecrwy.com and include a copy with the Blanket License Application Package.

INFORMATION REQUIREMENTS FOR LEGAL ENTITIES

Type of Entity

Documentation Required

Corporation

Legal Name of Corporation
Name of President
State of Incorporation
Federal Identification Number

Individual

Full Name of Individual
Social Security Number
If applicable, any applicable trade name (DBA)
Copy of Business License

Limited Liability Corporation

Name, address, and contact information of
managing
Member State where registered
Federal Identification Number

Limited Partnership

Name, address, and contact information of the General
Partner State where the partnership is registered
Federal Identification Number