C Florida East Coast

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APPLICATION FOR LICENSE AGREEMENT

(Within Florida East Coast Railway's right-of-way)

Applicant Name: City, St, ZIP: Address: Contact Person: Contact Vork Phone: Contact Cell Phone: After Hours Emergency Phone: Emergency Contact: Emergency Phone: Billing Contact Information: Title: Name: Title: Phone: Email: Billing Address: City, St, ZIP: Catat formation for License Agreement: Email: Legal Information for License Agreement: City, St, ZIP: Legal Name of Entity: City, St, ZIP: Type of Entity: City, St, ZIP: Address of Entity: City, St, ZIP: Number / Tax ID: City, St, ZIP: Name: City, St, ZIP: Address of Entity: City, St, ZIP: Address of Entity: City, St, ZIP: Number / Tax ID: Name: Name: City, St, ZIP: Address: City, St, ZIP:	Date:
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Copy to: Name: Address: City, St, ZIP:	Address:
Name: Address: City, St, ZIP:	
Address: City, St, ZIP:	
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Submit the Blanket License Agreement application and non-refundable \$1,500 application fee to: FEC ROW, LLC Attn: Utility Licensing 7150 Philips Highway	Submi
Jacksonville, FL 32256 Rev. 1/20	

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R O W CREDIT APPLICATION						
	GENERAL INFO	RMATION				
Lessee Business/Individual Name: (use complete legal name)						
<u>, , , , , , , , , , , , , , , , , , , </u>	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 INFO	RIVIATION				
Lessee Business/Individual Name:						
(bill to name)						
Bill to Address:						
City, State, Zip Code:						
Contact name:						
Phone Number:						
Fax Number:						
Email:		1050				
	REFEREN	NCES				
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 applicat	tion in their request t	to their application with	n FEC ROW.		
	ACCEPT AND	AGREED				
CUSTOMER						
Signature:						
Print Name:						
Title:						
Date:						
NOTE: Please complete, scan and email to fecro	w@fecrwy.com and ir	clude a copy with the B	lanket License Application	Package.		

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INFORMATION REQUIREMENTS FOR LEGAL ENTITIES

Type of Entity	Documentation Required
<u>Corporation</u>	Legal Name of Corporation Name of President State of Incorporation Federal Identification Number
<u>Individual</u>	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