

**APPLICATION ONLY SUPPLEMENT FOR LAUNDROMATS**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Attendant / Manager Information:**

Unattended Store     Part Time (Hours: \_\_\_\_\_)     Attended Full Time

**Facility:**     Check here if you own the building

Landlord Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Term of Lease From: \_\_\_\_\_ To: \_\_\_\_\_ Renewal Options: \_\_\_\_\_

Square Footage: \_\_\_\_\_ # of Parking Spaces: \_\_\_\_\_

**Competition:**

1. Name of Laundromat \_\_\_\_\_

# of miles from your laundromat \_\_\_\_\_ # of washers & dryers (estimated): \_\_\_\_\_

Amenities: \_\_\_\_\_

Conditions of Facility and Equipment: \_\_\_\_\_

2. Name of Laundromat \_\_\_\_\_

# of miles from your laundromat \_\_\_\_\_ # of washers & dryers (estimated): \_\_\_\_\_

Amenities: \_\_\_\_\_

Conditions of Facility and Equipment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Items Needed:**

Copy of Driver's License (for all owners)

Copy of Invoice(s)

Adam Bronkella — Assistant Vice President | Direct: 617-641-9218