

# Lake County Association of REALTORS®

ON MAGNIFICENT CLEAR LAKE

SINCE 1947



To all Reciprocal participants:  
Please complete this form.

Office Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Designated Broker: \_\_\_\_\_ Broker DRE License #: \_\_\_\_\_

Listing Agent: \_\_\_\_\_ Listing Agent DRE License #: \_\_\_\_\_

Agent Cell #: \_\_\_\_\_ Agent Email: \_\_\_\_\_

Please select the appropriate listing input form for your listing:

- Residential     Residential Lease     Residential Income     Mobile Home  
 Land     Commercial     Commercial Lease     Business Opportunity

**Mandatory Lockbox:** If a lockbox is present on a Residential or Residential Income property, it must be a Lake County Sentrilock lockbox. More than one lockbox may be used on a property as long as one of them meets this criteria.

**Listing Input Fee:** \$75.00 payment must be made before listing will be entered in MLS

**Lockbox Rental Fee:** \$100.00 (\$25 fee +\$75 deposit refunded when lockbox is returned)

**Open House Fee:** \$10 - First Open House listing FREE

Select payment choice:  Check     MasterCard     Visa

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_\_/\_\_\_\_\_

3 Digit V-Code: \_\_\_\_\_ (found on the back of card)    Amount Charged: \$ \_\_\_\_\_

Thank you for participating in the C.A.R. Master Reciprocal Agreement. By participating in the program, both Listing Broker and Agent agree to abide by the LCAOR MLS Rules. Status changes need to be reported to the MLS in the required timeframes.

Our MLS Rules require that all listings have at least one photograph. Residential, Multi-Family, Mobile Homes and Commercial listings must have a photograph of the exterior of the structure. Land listings must have a photo of the land or an aerial photo with an outline of the lot. You are responsible for supplying a photograph of your listing.

**Return completed form to our office attention: Teresa Hoffman-Singh**

Email: [teresah@lcaor.com](mailto:teresah@lcaor.com), Fax: (707) 263-9310

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Listing Agent



**Property Information**

**Hold New Listing\* YES / NO**

*(If you choose "Yes" to Hold New Listing, your listing will be held in abeyance with a status of "Hold" and will NOT be displayed in CARETS search results. You will still be able to view and edit this listing along with your other active listings. Listings in "Hold" status will NOT go out on Hot Sheets until they are changed to "New" status. If you choose "No" to Hold New Listing, your listing will be immediately available for searches and will have a status of "New".)*

**Property/ Building Name\*** \_\_\_\_\_

**Street Direction1** \_\_\_\_\_

**Street Number\*** \_\_\_\_\_

**Street Direction2** \_\_\_\_\_

**Street Name\*** \_\_\_\_\_

**2<sup>nd</sup> Address** \_\_\_\_\_

**City\*** \_\_\_\_\_ **State\*** \_\_\_\_\_ **Zip\*** \_\_\_\_\_

**County\*** \_\_\_\_\_ **Country** \_\_\_\_\_

**Map Information**

**Vicinity** \_\_\_\_\_ **TB Map/Grid** \_\_\_\_\_/\_\_\_\_\_

**Other Map Page** \_\_\_\_\_ **Zoning** \_\_\_\_\_

**Market (MKT) Area\*** \_\_\_\_\_

**Website Information:**

**URL:** (i.e. <http://www.CARETScommercial.com>) \_\_\_\_\_

**Name:** (i.e. CARETS Commercial) \_\_\_\_\_

**Agent List Date Information**

**Listing:**

**Listing Date** \_\_\_\_\_

**List Price\*** \_\_\_\_\_

**Selling Commission\*** \_\_\_\_\_

**Selling Exclusions\*** \_\_\_\_\_ **YES / NO**

**Expiration Date\*** \_\_\_\_\_

**Picture Requested\*** \_\_\_\_\_ **YES/NO**

**Agent/ Office:**

**Listing Agent ID\*** \_\_\_\_\_

**Listing Office ID\*** \_\_\_\_\_

**2<sup>nd</sup> List Agent ID** \_\_\_\_\_

**3<sup>rd</sup> List Agent ID** \_\_\_\_\_

**4<sup>th</sup> List Agent ID** \_\_\_\_\_

**Showing Instructions:**

- View With Discretion
- Call Listing Agent

**Showing Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Business Information**

**Lease Information:**

**Monthly Rent (base)** \_\_\_\_\_ **Monthly NNN/CAM** \_\_\_\_\_

**Equip Rent Monthly** \_\_\_\_\_ **Lease Expiration** \_\_\_\_\_

**Assignable:** \_\_\_\_\_ **YES / NO**

**Renewal Option:** \_\_\_\_\_ **YES / NO**

**Rent Increase** \_\_\_\_\_

**Number of Employees\***

**Full Time\*** \_\_\_\_\_ **Part Time\*** \_\_\_\_\_

**Special Licenses\***

**Beer/ Wine\*** \_\_\_\_\_ **YES / NO / UNKNOWN**  
**Class H\*** \_\_\_\_\_ **YES / NO / UNKNOWN**  
**Professional\*** \_\_\_\_\_ **YES / NO / UNKNOWN**  
**Gambling\*** \_\_\_\_\_ **YES / NO / UNKNOWN**  
**None\*** \_\_\_\_\_ **YES / NO / UNKNOWN**

## Business Information (continued)

### Business Opportunity Category:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Retail        | <input type="checkbox"/> Grocery             |
| <input type="checkbox"/> Wholesale     | <input type="checkbox"/> Hospitality         |
| <input type="checkbox"/> Service       | <input type="checkbox"/> Profession Practice |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Gas Station         |
| <input type="checkbox"/> Food & Bev.   | <input type="checkbox"/> Other               |

### Proposed Terms:

All Cash\* YES / NO

Seller Terms\* YES / NO

Minimum Down \_\_\_\_\_

Note Term \_\_\_\_\_

Interest \_\_\_\_\_

### Form of Ownership\*

- Corporation
- Partnership
- Sole Proprietor
- Franchise

### Business Characteristics:

Type/ Name of Business\* \_\_\_\_\_

Hours of Operation \_\_\_\_\_

Days Open \_\_\_\_\_

Year Established\* \_\_\_\_\_

Leasable SF \_\_\_\_\_

# of Parking Available \_\_\_\_\_

Seating Capacity \_\_\_\_\_

# of Years Currently Owned \_\_\_\_\_

Living Quarters YES / NO

Living Quarters Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Financial Information

### Operating Information:

\_\_\_ Proforma \_\_\_ Actual \_\_\_ Unknown

Annual Gross Income\* \_\_\_\_\_

Operating Expenses\* \_\_\_\_\_

Net Profit\* \_\_\_\_\_

Expenses Include Owner Salary: YES / NO

Owners Salary \_\_\_\_\_

Number of Owners \_\_\_\_\_

Hours Owner Works/Week \_\_\_\_\_

Sellers Reason for Selling:  
\_\_\_\_\_  
\_\_\_\_\_

### Documents :

Available w/ Accepted Offer: YES / NO / UNKNOWN

Profit/Loss Statement # Yrs \_\_\_\_\_

Balance Sheet # Yrs \_\_\_\_\_

Schedule C # of Years \_\_\_\_\_

YTD Operating Statement: YES / NO / UNKNOWN

### Selling Price Includes:

Real Property: YES / NO

CARETS # \_\_\_\_\_

Inventory: YES / NO

Inventory Value \_\_\_\_\_

Fixtures and Equip: YES / NO

Fixtures and Equip Value \_\_\_\_\_

Business Phone: YES / NO

Trade Name: YES / NO

Excluded Items: YES / NO

