



Trust
Land Office

ALASKA MENTAL HEALTH TRUST LAND OFFICE
2600 Cordova Street, Suite 201
Anchorage, AK 99503

MHT No. _____

**Minimum Annual Lease
Fee Bid Amount** _____

TLO LEASE PROGRAM APPLICATION

Instructions:

1. A non-refundable \$500 application fee must accompany the application. Please contact the Trust Land Office's Transaction Manager at (907) 269-8664 to pay by credit card.
2. Please answer Form A on separate pages and submit with all supporting documentation.
3. All proposals must be signed, dated and completed in full.

Applicant Information

1. Name of Applicant: _____
First Middle Last

2. Business Name: _____

3. Contact Information

Address Line 1: _____ Phone: _____

Address Line 2: _____ Cell Phone: _____

City: _____ Email: _____

State: _____

Zip: _____

4. Alaska Business License No.: _____

5. Type of Organization:

Individual _____ Business _____

Tax Exempt Corporation _____ General Partnership _____

Limited Partnership _____ Other (explain) _____

6. Are you in good standing on all land use authorizations and contracts, including fees, with the Trust Land Office?

Yes No

7. If awarded the lease, could you obtain and provide coverage to the Trust Land Office for bonding and insurance?

Yes No

8. Do you have the financial ability to perform according to your proposed operations plan?

Yes No

9. Have you or any affiliated entity ever filed a petition for bankruptcy, been adjudicated bankrupt or made an assignment for the benefit of creditors?

Yes No

10. Have you or any of your contractors ever been served with a notice of violation of laws or regulations applicable to the proposed business activity??

Yes No

Please provide all supporting documents for the above questions. A "No" answer to questions 6-12 will prevent the applicant from participating in the program and the application will not be accepted.

Application Terms:

1. The Trust Land Office reserves the right to not offer a permit, extend the application period, and/or to reject any or all proposals.
2. The applicant with a complete application and the annual fee bid will be the designated the apparent bidder.
3. All records submitted to the Trust Land Office are verified.
4. The TLO will negotiate and enter into a lease with the bidder with the highest annual fee bid. In the event the Apparent Lessee does not execute an agreement with the TLO within ninety (90) days, the TLO may negotiate a lease with the Proposer with the next highest bid amount.

AFFADAVIT

The application fee is non-refundable. By submitting this application you acknowledge reviewing and concurring with the information contained in this application form.

Signature of Applicant

Date

An agent cannot sign the application form for the applicant; the applicant must submit the application with an original signature and notary.

STATE OF _____)

_____Judicial District)

THIS IS TO CERTIFY that on this _____ day of _____, 20____, before me appeared _____, known to me to be the person named in and who executed the foregoing instrument and acknowledged voluntarily signing the same.

Notary Public in and for the State of _____/

Postmaster

My Commission expires: _____

FORM A

A brief description of the intended use Operations Plans is required. A summary of the operations plans include a minimum of the following and discuss how your business prepares for and implements the plan. Add additional sections if needed to document the type and extent of services you will offer. For each of the items below, please describe what you are proposing to do over the lease term. Your proposed actions for the term of the lease may be incorporated into the stipulations and terms of the final contract if you are awarded a permit.

Describe the nature and scope to the proposed use of this property:

Describe how you will access the leased property:
