



Montana Rail Link

Site Lease Application

Submit two (2) copies of application and all attachments

Agreement Holder Information:

| | |
|--|------------------------------|
| Name of Agreement Holder: | Phone No: |
| Tax Payer ID No. (if none Social Security No.) | Contact Name & Phone No: |
| Corporation (if any): | State in which incorporated: |
| Complete Business Address (if different from below): | |
| Complete Billing Address & Phone Number: | |
| If not a corporation, name(s) of owners or partners: | |

Location Information (attach copy of Railroad right of way map with area requested outlined):

| | | |
|--|---------|--------|
| Name of the nearest city or town: | County: | State: |
| Distance and direction from nearest Railroad milepost: | | |
| Quarter Section, Section, Township, Range: | | |
| What will site be used for? | | |
| Will use of the site involve use of any hazardous materials? Yes _____ No _____ | | |
| If yes, please list materials: | | |
| What buildings or structures are currently on site? | | |
| Will any buildings or structures be placed on site? Yes _____ No _____ | | |
| If yes, list buildings/structures to be placed on site, include the estimated cost and attach 2 sets of complete site plans. | | |
| Will 3 rd party financing be involved? Yes _____ No _____ | | |
| If yes, please include a letter from the financial institution giving the term of the loan you are requesting. | | |
| Do you have any other property at/near this location under lease? Yes _____ No _____ | | |
| If yes, Agreement No.(s): | | |
| Do you own the land adjoining the area you are interested in leasing? Yes _____ No _____ | | |
| Do you need access across railroad tracks? Yes _____ No _____ | | |
| If yes, have you received written permission from Railroad for access across its tracks? Yes _____ No _____ | | |
| If yes, Agreement No.(s): | | |

For construction on site the following must be included with the application:

- a photograph of the site
- 2 (two) sets of site plans
- A copy of your business plan

Failure to provide all of the requested information will result in the automatic cancellation of this application.

Applicant's Signature: _____

Date: _____