



APPLICATION PROCESS & INSTRUCTIONS

Telephone (303) 398-0400, Fax (866) 351-9503

Check the box if this is a **RUSH** application. Add \$1,000 USD (\$1,332 CAD) in addition to the application fee listed below.

LAND LEASE APPLICATION FORM

Return the completed application along with a non-refundable fee in the amount of **\$3,500 USD (\$4,662 CAD)** and a print or sketch of the proposed lease premises with dimensions, coordinates and directions. Also, depict any planned or existing improvements on the leased premises and include the distance from the nearest track. There will be additional annual fees assessed for the use of the premises.

(Be sure to list the check number(s) at the bottom of the cover sheet AND application)

Make check(s) payable to:

**OmniTRAX Inc.
C/O AR Real Estate Department
252 Clayton Street
Denver, CO 80206**

(As information, future payments will also be sent to the address listed above.)

If the submitted application and/or plans require review by an environmental (HAZMAT) or other outside consultants, it will solely be at the applicant's expense and in addition to the aforementioned fees. **INCOMPLETE** applications will result in processing delays and applications without the required fees will not be processed. If you are a Canadian business or resident, this fee is a taxable supply. Include the applicable GST.

REQUESTS FOR RUSH SERVICE: Once a **COMPLETE** application and required fees are received, including the rush fee of **\$1,000 USD (\$1,332 CAD)**, a draft Land Lease Agreement will be made available for review within fourteen (14) business days. Please be sure to mark the box above.

Once an executable Land Lease Agreement is submitted to you, the agreement must be fully negotiated and executed within one hundred twenty (120) days. Thereafter, the application and materials will be archived and resubmission (including fees) will be required.

PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY: _____

LIST CHECK NUMBER(S): _____

RAIL MADE

EASY





LAND LEASE RAILROAD-OWNED PROPERTY

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IDENTIFY WHAT TYPE OF LAND LEASE APPLICANT IS REQUESTING:

General Land Use () Farm Lease () Signboard () Timber () Building ()
Production/Film () Cell Tower () Parking/Access () Other Use ()

- 1. Complete Legal Name of Applicant:
2. Agreement to be in the name of (if different from above):
3. Type of Entity (please mark one): Corporation ___ LLC ___ Individual ___ Municipality ___
Partnership ___ General ___ Limited ___ Other ___
4. If applicable, state/province of incorporation or organization:
5. Federal Tax Identification number (U.S. Leases):
6. Mailing Address:
7. Overnight Delivery Service Address (if different):
8. Contact Person: Title:
9. Phone No.: () Fax No.: ()
10. Email:
11. Email Address Where Notices Can be Sent to:

12. Billing Contact Name, Phone Number, and Address Required:

13. Is track usage needed? Yes No (NOTE: Land Leases do not include the use of track. A Track Lease Application will be required.)

14. Railroad Name:
Nearest Milepost: DOT No.:
Track Station (from): Track Station (to):

NOTE: If Milepost or Track Stations are not known, please indicate the nearest road intersection here;

Section: Township: Range:
City: County: State:

Geographical Coordinates Required (in decimal degrees)

Latitude: Longitude:
Located on the (N/S/E/W) side of (landmark, intersection)

15. Do you plan to sublease to another party? Yes No (NOTE: If yes, additional information will be required.)

15. Estimated area of land to be leased: (in square feet or acres)

16. Detailed description of intended use of leased premises:

17. List all hazardous materials or petroleum products you will be handling on the leased premises, including STCC numbers:

18. Will hazardous or petroleum waste be generated? Yes No

If "Yes", please describe:



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19. Will improvements be constructed on the leased premises? _____ Yes _____ No
If Yes, Describe: _____
(Engineering plans may need to be provided)

20. Will storage tanks be placed on the leased premises? _____ Yes _____ No
If Yes, How many _____ Commodity stored _____, Size _____
Above Ground _____ Below Ground _____, STCC _____

21. FOR SIGNBOARD REQUESTS:

Check ONE: Single Sided Non-Digital () Double Sided Non-Digital ()
Single Sided Digital () Double Sided Digital ()

22. FOR CELL TOWER REQUESTS:

Area of pad: _____ square feet
Tower height: _____ feet
Number of anticipated tenants: _____
Distance from centerline of nearest rail: _____ feet
Proposed power source: _____
Distance from power source: _____

23. FOR FARM REQUESTS:

Types of commodities: _____

Tillable Area: _____ square feet/acres

24. FOR TIMBER REQUESTS:

Describe the proposed access: _____
List the types of trees to be harvested: _____
Proposed sustainable forest plan: _____

25. FOR A BUILDING REQUEST:

Check ONE: Single Family Home () Multi-Family Home () Warehouse ()
Office Building () Trailer () Garage ()
Other () _____

Area of building or space within that is being requested: _____ square feet
Proposed access to building: _____
Is Parking Required: YES () NO () Number of Spaces: _____

26. FOR PARKING REQUESTS:

Number of required spaces: _____
Proposed access to spaces: _____
Will spaces be: Private () Public () Commercial ()



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By submitting this application for credit, you authorize OmniTRAX or affiliate, to make any inquiries necessary to determine credit worthiness. You release your banking instruction release details that would assist to determine credit worthiness.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Our terms of sale and service are NET 30 DAYS from the date listed on the invoice. Invoices that are beyond granted terms will be assessed a late fee of 18% APR (1.5% monthly) additional Terms and Conditions apply. A \$20.00 charge will apply for any NSF/Non-Sufficient Checks.

Date: _____

LIST CHECK NUMBER(S): _____

Signature: _____

Name Printed: _____

Title: _____

Phone No.: _____

Fax No: _____

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION