



**City of Kenai  
Sublease  
Application**

Application Date:

**Applicant Information**

Name of Applicant:							
Mailing Address:		City:		State:		Zip Code:	
Phone Number(s):	Home Phone:			Work/ Message Phone:			
Email: (Optional)							
Name of Sublessee:							
Mailing Address:		City:		State:		Zip Code:	
Phone Number(s):	Home Phone:			Work/ Message Phone:			
E-mail: (Optional)							

**Sublease Information**

What is the legal or physical description of the subleased premises?

What is the authorized use of the sublease (must be consistent with the use authorized in the primary lease)?

Sublease include a statement that the sublease is subject to all of the terms and conditions of the primary lease. Initials \_\_\_\_\_

Sublease include a requirement that, unless sublessee is included as an additional insured under the terms of primary lessee's liability insurance, sublessee agrees to maintain adequate liability insurance for sublessee's leasehold in the manner and form required under the primary lease and to name the City of Kenai as an additional insured. Initials \_\_\_\_\_

Sublease includes a statement that the sublessee will not discriminate against the qualified disabled or discriminate on the grounds of race, religion, color, national origin, age, sex, marital status or change in marital status, pregnancy or parenthood against any patron, employee, applicant for employment, or other person or group of persons in any manner prohibited by federal or state law. Initials \_\_\_\_\_

Term of the sublease, which must not exceed the term of the primary lease:

A copy of the sublease must be attached to this application. A sublessee may not occupy the premises before the City consents to the sublease in writing. This consent is usually obtained through the Planning Department although some leases may require approval of the City Council. The City's consent to a sublease does not relieve or otherwise alter the obligations of the lessee under the primary lease. A sublease is a public document.

Signature:		Date:	
Print Name:		Title:	

For City Use Only:	Date Application Fee Received:
<input type="checkbox"/> General Fund	City Council Action/Resolution:
<input type="checkbox"/> Airport Fund	Account Number:
<input type="checkbox"/> Airport Reserve Land	
<input type="checkbox"/> Outside Airport Reserve	