**THE UNIVERSITY OF MICHIGAN**

**PROSPECTIVE LICENSEE LAND REQUEST**

**(NOT BUILDING SPACE)**

**NOTE:**

* **Pages 1 – 2 to be completed by the Prospective Licensee**
* **Page 3 to be completed by the Sponsoring Unit**

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| **LICENSEE GENERAL QUESTIONS** | |
| Name of Licensee Company: |  |
| Licensee Company’s Address: |  |
| Name and title of person executing the license on Licensee’s behalf |  |
| Name and contact phone number for Licensee: |  |
| Location of requested University Land (Street address or common name, eg. Botanical Gardens or Stinchfield Woods): |  |
| Description of the requested portion of the University land (e.g hiking trail and picnic area): |  |
| Requested Start Date of License: |  |
| Requested Term of License: |  |
| Requested hours of use: |  |
| Any requested parking? |  |
| Are restroom facilities needed? |  |
| Description of Licensee’s proposed use of the University land (please be very specific): |  |
| Description of any University-owned equipment requested for use by the License: |  |
| Description of any equipment or activities that have any special requirements; 220 electric, exhaust, water, gases, etc. |  |
| Can Licensee meet the insurance requirements listed below?: |  |
| 1. Commercial General Liability covering   liability arising from premises, operations, independent contractors, products-completed operations, personal and advertising injury, and blanket contractual liability - $1,000,000 each occurrence, $2,000,000 aggregate. |  |
| 2. Business Automobile Liability covering  all owned, hired, and non-owned vehicles  - $500,000 each occurrence, including  all applicable statutory coverages. |  |
| 1. Workers Compensation – statutory limits   for all states of operation. |  |
| 1. Employers Liability - $500,000   each employee for bodily injury by  accident and $500,000 each employee  for bodily injury by disease. |  |
| Name of the person who is the University’s contact regarding Licensee’s use of the land |  |
| Will your use of the land include any hazardous materials including gasoline, cleaning fluids? |  |

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| **CONFLICT OF INTEREST** | |
| Names of any University employee who owns 5% or more of the equity of Licensee/Tenant Company: |  |
| Names of any University employee who is a member of the Board of Directors of Licensee/Tenant Company: |  |
| Names of any University employee who is the President, Chief Executive Officer, Vice President, Treasurer or Secretary of Licensee/Tenant Company: |  |

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| **SPONSORING UNIT QUESTIONS** | |
| **Drawing of License Area:** |  |
| **Drawing of Access Route:** |  |
| **Access:** Describe how Licensee will access space, i.e., will any University personnel will have to be present to open gates or observe the Licensee’s activities. |  |
| **Restrooms:** Are restrooms available? |  |
| **Sponsoring Unit:** Name of University employee who will act as the landlord of the license area for the Sponsoring Unit. |  |
| **Facilities Department:** Approval from the respective Facilities Department to utilize the space |  |
| **Business Manager:** Approval from the respective Business Manager to utilize the space |  |
| **License Fee:** Is a license fee being charged? What is the fee?  **Additional Fees:** Does that fee include the utilities and other operational costs (e.g. janitorial expenses, maintenance) for the license area or are those separate? |  |
| **Operation of the Space:**  Describe how operational activities like waste management, utilities, supplies, etc. will be handled |  |
| **Start of Term:** Acceptable Start Date of Lease/License: |  |
| **Term:** Acceptable Requested Term of Lease/License: |  |
| **Renewal Options:** Acceptable options to renew? Any requirements? (Notice periods) |  |
| **Early Termination:** Early termination options? |  |
| **Parking:** Is any parking included? If yes, is there any charge for the parking provided? |  |