

# **LEASE AGREEMENT - PROCESS INSTRUCTIONS**

## **How to apply for a lease agreement:**

To effectively facilitate the lease process, BNSF has partnered with Jones Lang LaSalle who is committed to provide professional Real Estate Services. Regarding your interest in leasing BNSF property, I have enclosed an application that will need to be completed, signed, and returned to my attention. If acceptable, I will begin to process a new lease when the application is returned.

Complete the application, print, and mail with the following:

- The **\$1,700 (non-refundable) one-time new lease application fee (plus GST for Canada applications)**, check made payable to BNSF Railway Company. This fee is not applicable to rent. BNSF requires the application fee be sent with the application, or it will be **returned**. The acceptance and deposit of this check does not constitute an agreement between you and BNSF for the requested lease.
- Please **return the application, map, and application fee** to the following address

**BNSF/JLL- ATTN: Stephanie Gwizdz  
2650 Lou Menk Drive MOB- 2  
Fort Worth, TX 76131**

## **Insurance Requirements:**

No lease with BNSF will be executed without an approved Certificate of Liability Insurance (COI). **BNSF Railway Company must be listed as a certificate holder on this document with the following address:**

**BNSF Railway Company  
c/o CertFocus  
P.O. Box 140528  
Kansas City, MO 64114**

Please **DO NOT** send the Insurance Certificate to the address above. Please **send your certificate of insurance via email to: [stephanie.gwizdz@bnsf.com](mailto:stephanie.gwizdz@bnsf.com)**

The following limits are required to be listed on the Certificate of Liability Insurance (COI):

- **Commercial General Liability Insurance.** This insurance shall contain broad form contractual liabilities with a combined single limit of a minimum of \$1,000,000 each occurrence and an aggregate limit of at least \$2,000,000.
- **Business Automobile Insurance.** This insurance shall contain a combined single limit of at least \$1,000,000 per occurrence.
- **Workers Compensation and Employers Liability insurance** including coverage for Employers' Liability (Part B) with limits of at least \$500,000 each accident, \$500,000 by disease policy limit, \$500,000 by disease each employee.

**Please note:** The BNSF Railway Company and Jones Lang LaSalle shall be named as additional insured/certificate holder. These limits are subject to change at any time without notice. Also, additional coverage may be required depending on the use of the premises. A lease agreement will be provided to you that will contain details concerning insurance requirements. A lease agreement cannot be executed without an approved insurance certificate.

**BNSF RAILWAY COMPANY**

**APPLICATION FOR LEASE OF LAND**

**Complete - Land Information, Part III - Material Addendum, and Part IV - Credit Information**

1. Community or station where site located:  
City Grand Rapids County Itasca State MN
2. Exact legal name of Applicant: City of Grand Rapids  
\_\_\_\_\_  
If corporation, state in which incorporated: \_\_\_\_\_  
If subsidiary, name parent company: \_\_\_\_\_  
If individual, names in which business is conducted: \_\_\_\_\_  
If partnership, list names of all partners: \_\_\_\_\_
3. Is Applicant a BNSF Shipper? Yes \_\_\_\_\_ No <sup>x</sup> \_\_\_\_\_  
If "Yes", please include the name of Applicant's BNSF Marketing Representative: \_\_\_\_\_
4. Applicant's **Street** Address: City of Grand Rapids 420 N Pokegama Ave Grand Rapids, MN 55744 Applicant's **Billing** Address (Notice Address): City of Grand Rapids 420 N Pokegama Ave Grand Rapids, MN 55744  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Contact Information (including area code): \_\_\_\_\_ Name (Printed): Tom Pagel  
Cell: \_\_\_\_\_ Office: 218-326-7600  
Fax: \_\_\_\_\_ Email: tpagel@grandrapidsmn.gov
6. Comprehensive General Liability, Automotive Liability and Worker's Compensation/Employer's Liability coverages are all required for land and track leases/licenses. Do you currently carry these coverages: Amounts per Occurrence/Aggregate:  
Insurance Carrier: League of Minnesota Cities Email: jamie.sheiman@marshmma.com  
Contact Name: Jami Sheiman Phone: 218-301-0364  
  
\$ 2,000,000 / \$ \_\_\_\_\_ Comprehensive General Liability  
\$ 2,000,000 / \$ \_\_\_\_\_ Automotive Liability  
\$ 1,500,000 / \$ \_\_\_\_\_ Worker's Compensation/Employer's Liability
7. Date Applicant requests occupancy: TBD

The information in this completed application is correct and true to the best of my knowledge.

\_\_\_\_\_  
City Administrator  
Signature / Title

\_\_\_\_\_  
Date

## LAND LEASE INFORMATION

1. Are you represented in this transaction by a broker? No  
If yes, broker's name: \_\_\_\_\_  
Broker phone No. \_\_\_\_\_
2. Will entity other than Applicant occupy any of the premises you propose to lease? Yes  
If yes, occupant must also complete application.
3. Describe total area to be included and attach sketch or print outlining total *property* to be leased including dimensions: 21,000 Sq. Ft. (See attached map)  
\_\_\_\_\_
4. What use will be made of site? - Applicant's business operations/commodities handled  
Sublease to Depot Commons for use as Visitor Center / Chamber of Commerce Offices  
\_\_\_\_\_
5. Number of years established in business: 30+
6. List all buildings or structures existing on the property indicating dimensions and construction material (steel, frame). Include wells, septic tanks, drain fields. If buildings or structures are privately-owned include bill of sale. Former depot building approximately 24.5 ft. by 94.6 ft. (see attached ownership history - Bill(s) of Sale)  
\_\_\_\_\_  
  
Check if existing on site: Concrete Slab  Asphalt  Paved  Gravel  Fencing  Signboard  Lighting/Poles   
Roadway  Storage Tanks underground/above Ground  Electric Transformers  HVAC Units
7. List and describe any future buildings or structures to be erected on site and estimated cost (attach building plans including dimensions): n/a  
\_\_\_\_\_
8. List and describe any wastes (oils, hazardous wastes, solid wastes, water discharges, etc.) generated, stored, disposed: None  
\_\_\_\_\_  
  
Will your use include changing oil, washing cars or changing tires? No
9. Does applicant have other property under lease? No  
If yes, specify Lease No.(s): \_\_\_\_\_
10. If this application is to cover lease of additional property or deletion of property currently held by Applicant under lease, list lease number and date of lease: n/a  
\_\_\_\_\_
11. If this application is to cover transfer or assignment of an existing lease or leases from another party, list name of current lessee, lease number(s), date of lease(s). (Applicant must attach letter from current lessee authorizing transfer / assignment, or copy of bill of sale for all improvements):  
Lease No. 244,992; Consent to Sublease Lease No. 244,992; Sublease agreement (all attached)  
  
List current utilities: Grand Rapids Public Utilities (electric, sewer,water); Minnesota Energy Resources (gas)  
  
Name utilities are under: PUC (Depot Chamber of Commerce); MN Energy (Chamber of Commerce)  
  
List utilities account numbers: PUC (300400); MN Energy (0504944526-00001)  
  
List times that business is operating and when it is expected to be closed: M-F (8:00-4:30)

**MATERIAL ADDENDUM**  
(If None - Write 'NONE' and sign below)

1. List all chemicals, hazardous materials, and/or petroleum products you anticipate using or handling on the premises:

NONE

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2. Name/address of disposal company, if applicable

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3. Type of Storage:	<u>Above Ground</u>	<u>Below Ground</u>	<u>Existing</u>	<u>Future Need</u>
a) Number of Tank(s)	_____	_____	_____	_____
b) Capacity of Each Tank	_____	_____	_____	_____
c) Type of Tank(s)	_____	_____	_____	_____
d) Age of Tank(s)	_____	_____	_____	_____
e) Location of Tank(s). Show exact location on drawing (note if above or below ground, existing or future need).				

4. If any tanks or pipes are underground, you must complete the following:

- a) Type of corrosion resistant coating: \_\_\_\_\_
- b) Type of Cathodic protection used: \_\_\_\_\_
- c) Type of material of piping and sealant: \_\_\_\_\_
- d) Type of leak detection test performed: \_\_\_\_\_  
Date performed: \_\_\_\_\_  
Certification of Testing Contractor: \_\_\_\_\_
- e) Type monitoring devices for tank(s): \_\_\_\_\_
- f) Attach a copy of a completed Registration Underground Storage tanks form.

5. If completely above ground, you must complete the following:

- a) Containment Berm: Yes / No
- b) Securing Fence: Yes / No
- c) Night Lighting: Yes / No

6. Distance from nearest storage tank to nearest railroad track: \_\_\_\_\_

7. Has local Fire Department or other regulatory agency approved installation: Yes / No

8. Have necessary permits been obtained from local, county, state and/or Federal authorities (including fire marshals)?  
Yes / No If yes, attach copy. If no, give explanation as to why: \_\_\_\_\_

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9. Provide any MSDS sheets for all commodities and hazardous products on site and safety containment plans/documents

Signature of Applicant: \_\_\_\_\_

Title: City Administrator