



LAND LEASE APPLICATION & INSTRUCTIONS

RealEstate@PioneerLines.com

If you require **Expedited Service**, notify us by checking this box. There is an additional fee of \$2,000 USD for this request.

A completed application, non-refundable fee in the amount of **\$4,750 USD**, and a print or sketch of the proposed lease premises (including dimensions, coordinates, and cardinal directions) are required to begin the lease process. The print or sketch should depict any planned or existing improvements on the requested premises and the distance from the nearest track.

The non-refundable fee of **\$4,750 USD** includes contract preparation and basic engineering review. If your project is complex or involves HAZMAT, additional engineering review fees will be required. Additional fees will also be requested if flagging or a Right of Entry are required for your project.

Make all checks payable to:

Pioneer Railroad Services, Inc.
C/O Real Estate Department
75 Remittance Drive
Dept. 4648
Chicago, IL 60675-4648

LIST CHECK NUMBER(S): _____

Once an executable lease, license, or other agreement is submitted to you, it must be fully executed within thirty (30) days. Thereafter, the application and materials will be archived, and resubmission (including fees) will be required. All annual rental payments can be submitted to the same name and address shown above.

EXPEDITED SERVICE: Once a complete application, print or sketch, and required fees are received, including the additional fee of \$2,000 USD, an executable agreement will be made available for review within fourteen (14) business days. Please be sure to mark the box above if you require this service.

PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY _____



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IDENTIFY WHAT TYPE OF LAND USE APPLICANT IS REQUESTING:

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

APPLICANT AND PROPERTY INFORMATION:

- 1. Legal Name of Applicant:
2. Agreement to be in the name of (if different from above):
3. Type of Entity (select 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 non-billing notices can be sent to:
12. Is Applicant a condemning authority? Yes No
13. Is Applicant an active railroad shipper? Yes No
14. Is track usage needed? Yes No (NOTE: If track usage is required, submit a Track Lease Application)
15. Does Applicant have existing agreements with Pioneer Lines or its predecessors? If so, attach a list of those agreement numbers with this application.

16. Billing Contact Name, Phone Number, Email, and Address Required:

NAME:
PHONE NUMBER: EMAIL:
ADDRESS:

17. Railroad Name:

Nearest Milepost: DOT No.:

Track Station (from): Track Station (to):

(Adjacent Address)

Section: Township: Range:

City: County: State:

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

Geographical Coordinates Required (in decimal degrees)

Latitude: Longitude:



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18. 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 materials or petroleum waste be generated? Yes No

If "Yes", please describe:

19. Will any 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:

Select ONE: Single Sided Non-Digital Double Sided Non-Digital

Single Sided Digital Double Sided Digital

Signboard dimensions: FT. (width) x FT. (height)

Nearby roadway traffic volume: cars per day

22. FOR CELL TOWER REQUESTS:

Area of pad: square feet

Tower height: feet

Select ONE: New Structure Existing Structure

Existing Railroad-owned Structure

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 (Acres):

24. FOR TIMBER REQUESTS:

Describe the proposed access:

List the types of trees to be harvested:

Proposed sustainable forest plan:



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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 ()

27. ADDITIONAL INFORMATION:

By submitting this application for credit, you authorize Pioneer Lines, or affiliates, to make any inquiries necessary to determine credit worthiness. You release your banking 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