

Promenade at Casa Grande

Specialty Leasing Application

_____	_____	_____
Your Name	Your Title	Date
_____	_____	_____
Proposed Retail Trade Name/DBA	Corporate Name	
_____	_____	_____
Email Address	State of Incorporation	
_____	_____	_____
Address	Home Phone	
_____	_____	_____
City	Work Phone	
_____	_____	_____
State	Zip	Fax Number

Business Type: - A Sole Proprietorship SSN # _____

 - General Partnership

 - L.P.

 - Corporation Fed Tax ID # _____

 - L.L.C.

Is the Applicant: Experienced retailer in shopping centers? - Yes - No

 If yes, what shopping center(s)? _____

 Experienced as a national retailer tenant? - Yes - No

 First time retailer? - Yes - No

Type of Unit Desired: - Cart - Kiosk - In-Line - Other _____

Lease Term: From: _____ To: _____

 (Month/Day/Year) (Month/Day/Year)

Concept description: *(If currently operating a business, photographs or catalog pictures of product are required. If this is a first time retail venture, please be sure to give as much detail as possible.)*

Price points of products to be sold at the retail operation: Low \$: _____ High \$: _____

What will make your retail operation memorable? *(How will you make it special from other operations selling the same/similar merchandise?)*

