Chandler Fashion Center

Specialty Leasing Application

Date

Your Name | Your Title

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
- ○ L.L.C.

Fed Tax ID # _____

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: _____ (Month/Day/Year) To: _____ (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?)*

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