

Desert Sky Mall

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 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?)*

