

PROPERTY

Specialty Leasing Application

_____ Date

_____ Your Name

_____ Your Title

_____ Proposed Retail DBA

_____ Legal Entity (corporate name)

_____ Email Address

_____ Website Address

_____ Physical Street Address (include POB if applicable)

_____ Business Phone #

_____ City

_____ Alternate Phone #

_____ State

_____ Zip

_____ Fax #

Business Type:

Unincorporated Individual(s)

SSN# _____

_____ Unmarried Individual

_____ Married Individual OR unincorporated General partnership

Spouse/Partner's Name _____

Spouse/Partner's SSN# _____

Incorporated Businesses

FEID# _____

_____ Corporation

_____ LLC

_____ LP

_____ LLP

_____ Government Agency

*must provide social security card and state/federal Photo ID prior to lease execution

*must provide articles of incorporation and/or letter of good standing prior to lease execution

Retail Experience:

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

If yes, list the shopping centers here: _____

Experienced as a national retailer tenant? Yes _____ No _____

First time retailer? Yes _____ No _____

Commencement date desired/length of term:

_____ Winter _____ Spring _____ Summer _____ Holiday _____ Year-round

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

_____ Price points of products to be sold/services to be offered 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?)*

Describe briefly your visual merchandising plans for your operation: *(ie: displays, types of fixtures and color schemes. Attach photos or drawings to get your ideas across).*

Visual merchandising plans of accepted applicants must be pre-approved before move-in day

Who is your target customer? *(Male, female, age, income level, etc)*

What sales volume would you project for your concept at this Center?

Monthly Sales Projections \$ _____ Annual Sales Projections \$ _____

Is your merchandise hand-crafted by yourself, purchased wholesale, or franchised?

Do you have established resources for the product you will be selling?

How long will it take to receive or produce your product? *(Overnight, two weeks, 1 month, etc)*

Are you currently operating a business? Yes ___ *If so, how many locations?* ___ No ___

How long have you operated your present business?

Have you operated/managed any other businesses? *(Please describe)*

Have you operated a retail business in any other mall locations? Yes ___ *(please describe)* No ___

***If yes, please list the mall names, dates of operation, and approximate monthly sales*

Location _____ Dates _____ Sales \$ _____

Location _____ Dates _____ Sales \$ _____

Location _____ Dates _____ Sales \$ _____

How many employees to you anticipate hiring? _____

Have you thought about incentives you may offer employees to help motivate & increase sales?(if so, explain)

Miscellaneous comments:

Your application must include photos, sketches, and or/visuals describing your retail concept.
Please only send items/photos we may keep on file.

Please return Application to:

LDM Name

Center Name

Center Address

Center Address

Phone:

Fax :

Email:



*****FOR OFFICE USE ONLY*****

Term of Agreement: _____

Min Rent: \$ _____ Percentage Rent % _____ Natural__ Unnatural __ breakpoint

Application Fee \$ _____ Other Fees\$ _____

Date Submitted: _____ Corporate Approved: Yes ___ No ___ Date _____

Comments:
