

# 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

## Space Type desired:

\_\_\_\_ Cart    \_\_\_\_ Kiosk    \_\_\_\_ Inline    \_\_\_\_ Other (list here: \_\_\_\_\_)

**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?*)

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**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*).

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*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*)

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**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?**

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

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

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

**How long have you operated your present business?**

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

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

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*\*\*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)

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Miscellaneous comments:

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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:

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