

# 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:

---

---

---

---

---

---

---