

# Vintage Faire Mall

## 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 \_\_\_\_\_ 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).

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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:

Monica Booker  
Vintage Faire Mall  
3401 Dale Road  
Suite #483

Fax : 209-525-8827

Email: monica.booker@macerich.com



\*\*\*\*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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