



SPECIALTY LEASING APPLICATION

Please print or type all information. Photos or sketches of kiosk/cart layout, products, display, signage, packaging and merchandising plan must be submitted with the application.

COMPANY INFORMATION

TAX ID / SSN # _____

LEGAL NAME _____ TRADE NAME _____

BUSINESS ADDRESS _____

BUSINESS NUMBER _____

CONTACT NAME(S) _____ EMAIL _____

WORK PHONE _____ MOBILE _____ HOME PHONE _____

SHOPPING CENTER RETAIL BUSINESS EXPERIENCE Yes No

IF YES, PLEASE LIST THE SHOPPING CENTER(S): _____

LENGTH OF TIME IN BUSINESS _____ NUMBER OF EXISTING RETAIL OPERATION(S) _____

DETAILED DESCRIPTION OF PRODUCT OR SERVICE Please attach additional pages, if needed

TARGET MARKET _____ PROJECTED MONTHLY SALES _____

RETAIL SETUP

RMU Cart (PROVIDED) OR Kiosk Space (DESIGN AND SIGNAGE MUST BE APPROVED. PLEASE PROVIDE SF REQUIRED FOR KIOSK)

Temp In Line (PLEASE PROVIDE APPROXIMATE REQUIRED SIZE)

ACCESS TO POWER Yes No ACCESS TO PHONE LINE Yes No

TERM START DATE _____ TERM END DATE _____

PROFESSIONAL REFERENCE(S) Please attach additional pages, if needed

COMPANY _____ CONTACT NAME _____

CONTACT TITLE _____ TELEPHONE _____

SIGNATURE _____ DATE _____

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