

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

LEGAL NAME TRADE NAME

BUSINESS ADDRESS

BUSINESS NUMBER

CONTACT NAME(S) EMAIL

WORK PHONE MOBILE HOME PHONE

SHOPPING CENTRE RETAIL BUSINESS EXPERIENCE Yes No

IF YES, PLEASE LIST THE SHOPPING CENTRE(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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