

LOCAL LEASING APPLICATION

Please type or print clearly.
Scan and email to
acarmack@visitfranklinparkmall.com

Date: _____/_____/_____

Space Interest:

- Inline Store Space _____ SF RMU Kiosk _____ SF (maximum 10' x 10')
- Other: _____
(Please describe)

Desired Start Date: _____

Desired Term: _____
(How many months)

APPLICANT PROFILE

Legal Name of Applicant: _____
(Company Name or your individual name)

Contact Name: _____
(If different than above Legal Name of Applicant)

BUSINESS ENTITY TYPE

- Sole Proprietorship L.L.C.* Partnership* Corporation*

*State of Formation: _____ (please attach legal document as proof of formation)

Trade Name/Business Name/dba: _____

Home Address: _____
(Street Address, City, State, Zip)

Business Address: _____
(If different than above Home Address)

Home Tel: _____

Business Tel: _____

Mobile/Cell: _____

Email: _____

Driver's License Number: _____

State Driver's License Was Issued: _____

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List Names of All Owners of the Business:

PROPOSED CONCEPT (USE CLAUSE)

Are you a Manufacturer? Yes No

Are you a Distributor? Yes No

Are your products designer brand or licensed products? Yes No

(If YES, please attach approved license or authorization certificate to retail these products)

What is the average retail price of your products? _____

What is the average wholesale price of your products? _____

What is the mark-up of your products? _____

Who is your targeted market? _____

PROPOSED SUMMARY BUSINESS PLAN

(Please attach your full business plan document)

What is your monthly sales projection? _____
(Non-Holiday: Jan – Oct) (Holiday: Nov – Dec)

What is your projected monthly expense not including rent? _____

What are the top 5 expenses in your monthly expense projection?

Expense Item:	Monthly Projection (\$):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Franklin Park

M A L L

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How do you plan on marketing your concept? _____

What is your return policy? _____

How will your merchandise be displayed? _____

EXPERIENCES / REFERENCES

Have you ever opened a business in a shopping center? Yes No

If YES, please complete below listing most recent first:

Shopping Center Name / City & State:	Products:	Sales:	Shopping Center Contact Name/Tel:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include with this application:

- Pictures of proposed concepts/products
- Pictures of most recent store/kiosk/RMUs (if you answered YES to having operated at a shopping center)
- Samples of proposed concepts/products (If applicable. Note that products are non-returnable)

Social Media

Instagram: _____

Facebook: _____

Twitter: _____

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____