

**LOCAL LEASING APPLICATION**

Please type or print clearly.  
Scan and email to

[rsimpson@visitfranklinparkmall.com](mailto:rsimpson@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: \_\_\_\_\_

List Names of All Owners of the Business:

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**PROPOSED CONCEPT (USE CLAUSE)**

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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 (\$):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: \_\_\_\_\_