

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 INFORMATIONLEGAL NAME TRADE NAME BUSINESS ADDRESS BUSINESS NUMBER CONTACT NAME(S) EMAIL WORK PHONE MOBILE HOME PHONE SHOPPING CENTRE RETAIL BUSINESS EXPERIENCE Yes NoIF 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 neededTARGET 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 NoTERM START DATE TERM END DATE **PROFESSIONAL REFERENCE(S)** Please attach additional pages, if neededCOMPANY CONTACT NAME CONTACT TITLE TELEPHONE SIGNATURE DATE

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