

Name: _____ Phone: _____

Merchandise/Product Line

Briefly explain your retail concept, business identity, and/or merchandise theme: _____

Types of merchandise to be sold: _____

Merchandise price points are: _____

Customer Information

Describe your customer: _____

Projected Sales

What are projected sales for this location? Monthly: \$ _____ Annual: \$ _____

Average Sales – Holiday Term (Nov-Dec): \$ _____

Visual Merchandising

Describe the visual merchandising plans for your new retail location: _____

Types of fixtures: _____ Props: _____

Color Scheme: _____ Signs: _____

Please return this application along with:

- Photographs, catalog cut sheets or any other material that reflects your product which you would like to submit in consideration of your proposal for a retail location at our shopping center. Include brochures of your products and/or photos of your business (only items that we may keep on file).
- A current Operating Statement, if you have another location for this business;
- A photograph of your current unit, if you have another location for this business.

This application is subject to the approval and is this application is non-binding, further neither party is under any obligation to the other in respect to this application, until a mutually agreeable license agreement has been prepared and properly executed.

Signature of Applicant: _____ Date: _____

Signature of Co- Applicant: _____ Date: _____