

# 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

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BUSINESS ADDRESS

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BUSINESS NUMBER

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CONTACT NAME(S) EMAIL

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WORK PHONE MOBILE HOME PHONE

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SHOPPING CENTRE RETAIL BUSINESS EXPERIENCE  Yes  No

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IF YES, PLEASE LIST THE SHOPPING CENTRE(S):

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LENGTH OF TIME IN BUSINESS NUMBER OF EXISTING RETAIL OPERATION(S)

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## DETAILED DESCRIPTION OF PRODUCT OR SERVICE Please attach additional pages, if needed

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TARGET MARKET PROJECTED MONTHLY SALES

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## RETAIL SETUP

RMU Cart (PROVIDED) OR  Kiosk Space (DESIGN AND SIGNAGE MUST BE APPROVED. PLEASE PROVIDE SF REQUIRED FOR KIOSK)

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Temp In Line (PLEASE PROVIDE APPROXIMATE REQUIRED SIZE)

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ACCESS TO POWER  Yes  No ACCESS TO PHONE LINE  Yes  No

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TERM START DATE TERM END DATE

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## PROFESSIONAL REFERENCE(S) Please attach additional pages, if needed

COMPANY CONTACT NAME

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CONTACT TITLE TELEPHONE

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SIGNATURE DATE

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