

## SPECIALTY LEASING RETAILER APPLICATION

*This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.*

Date	PLEASE COMPLETE THE ENTIRE APPLICATION DO NOT LEAVE ANY BLANKS		
Contact Name/Title			
Legal Name of Business			
Business Name/DBA (Name that will appear on sign)			
Number of Years in Business	FEI#	SS#	
Home Address, City, State, Zip			
Business Address, City, State, Zip			
Office #	Fax #	Mobile #	
Home #	Email:	Website: www.	
Type <input type="checkbox"/> RMU <input type="checkbox"/> Kiosk <input type="checkbox"/> In-Line <input type="checkbox"/> Vending <input type="checkbox"/> Display/Demo <input type="checkbox"/> Advertising <input type="checkbox"/> Event <input type="checkbox"/> Other			
<b>Product Information</b> (please attach sample products, photos of your retail set-ups or brochures of product line to be reviewed by our internal committee) <i>Note: These samples, photos, etc...will become the property of UNIVERSITY MALL and will not be returned.</i>			
Items to be sold and/or demonstrated or description of Event/Show or Display			
What is your price range?			
Projected monthly sales?		Projected annual sales?	
<b>Business Information</b> (Please attach a copy of your business plan and financial statements to this application)			
Entity Type <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Prop <input type="checkbox"/> Other			
State of Qualification/Formation			
Do you have existing stores <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name and location below:			
<b>Bank Account Information</b>		Checking Account #	Savings Account #
<b>Please list below the most recent shopping center where you have conducted business</b>			
Center	State	Developer	
Contact Person	Phone #	Average Weekly Gross Sales \$	
What is the desired term? (one month, 6 months, 1 year, non-holiday, holiday)			
Do you plan to operate this location yourself or hire a manager?			
Have you been a temporary tenant before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when?			
Proposed opening date?	Will you require more than 20 AMPS of electrical service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require more than 20 AMPS of electrical service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many?			

Thank you for your interest in our Specialty Leasing Program. Our Specialty Leasing Program allows you to gain recognition from people that pass through our centers each month. Your application, business plan, financial statements, cart illustration, and non-returnable photographs or samples and merchandising concept will enable us to evaluate your business thoroughly. The signing of the application by the proposed licensee does not constitute acceptance into the Specialty Leasing Program and execution of this application in no way grants consideration, acceptance, occupancy, or tenancy at UNIVERSITY MALL without express written consent in the form of a mutually agreeable, fully-executed License Agreement. In signing this document, the undersigned certifies that I/He/She have made an honest representation in responding to the questions above, and does hereby certify that all information contained herein is true and accurate. Please sign and return the completed application along with the required supporting documents to: University Mall Management Office.

I certify that I am eligible to work in the United States for any U.S. employer, lawfully present in the United States, and not prohibited from doing business with U.S. persons under any law or regulation. I further certify that I am able to provide documents that demonstrate my identity and work eligibility and that I will provide these documents upon request by University Mall.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date