



TENANT INFORMATION FORM

Specialty Leasing 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.

GENERAL

Trade Name: _____

Corporate Name: _____

Name of Contact(s): _____

Address: _____

Phone Number: (W) _____ (H) _____

(F) _____

Email Address: _____

Type of Business: _____

Proposed Use of Premises: _____

Attorney's Name: _____

Address: _____

Phone Number: (W) _____ (F) _____

Plaza interested in: _____

Square footage: _____

Social Security #: _____

Federal Tax #: _____

Referred by: _____

EXISTING OPERATION

Number of Stores: _____ Type of Business: _____

Location(s): _____

Average Size: _____ SF Total Sales: \$ _____

Average Sales Per Store: \$ _____ Average Sales Per SF: \$ _____

Previous Operating Expense: _____

PROPOSED OPERATION

Projected Annual sales: \$ _____

Projected Sales Per SF: \$ _____

Proposed Cost of Fixtures and Inventory: \$ _____

General Comments: _____

Anticipated Opening Date: _____

Anticipated Date of Possession of Premises: _____

Anticipated Lease Execution Date: _____

Items to be sold (please be specific): _____

Range of product prices: _____

TENANT APPLICATION

Personal Profile

PERSONAL INFORMATION:

Name of Individual Social Security #

Address Date of Birth

City State Zip Years at this Address

Home Phone Number Work Phone Number Cell Phone Number

BUSINESS INFORMATION:

Name of Business Type of Business Years in Business

Current Location(s)

OWNERSHIP:

_____ Corporation _____ Years Incorporated _____ State

_____ Partnership _____ Individual

Name of Co-Signer Social Security #

Address

Date of Birth

City

State

Zip

Years at this Address

Home Phone Number

Work Phone Number

Cell Phone Number

BANK REFERENCES:

Name of Bank

Contact Name

Address

City

State

Zip

Years Affiliated

Phone Number

Account #

OTHER FINANCIAL INSTITUTIONS:

Name of Bank

Contact Name

Address

City

State

Zip

Years Affiliated

Phone Number

Account #

LANDLORD REFERENCES:

(1) Contact Name

Address

City

State

Zip

Years Affiliated

Phone Number

(2) Contact Name

Address

City State Zip Years Affiliated

Phone Number

VENDOR REFERENCES:

(1) Business Name Contact Name

Address

City State Zip Years Affiliated

Phone Number

(2) Business Name Contact Name

Address

City State Zip Years Affiliated

Phone Number

PERSONAL REFERENCES:

(1) Name

Address

City State Zip Years Affiliated

Phone Number

(2) Name

Address

City

State

Zip

Years Affiliated

Phone Number

Date: _____

Signature: _____