

SPECIALTY LEASING PROGRAM

**buena
park_____**

DOWNTOWN

Thank you for your interest in our Specialty Leasing program. Please complete this application in its entirety. Your application, cart illustration, pictures or samples and merchandising concept will enable the Specialty Leasing Manager better evaluate your business. Each concept will be reviewed and approved by the leasing committee. **A written business plan and proposal is strongly recommended for presentation to the leasing committee.** This application is for information purposes only and is not construed to be a commitment to enter into a License Agreement.

Please return completed application to:

Linda Mazzone

Property Management Coordinator

Fax 714-761-0748 or via email at lmazzone@buenaparkdowntown.com

Any questions, please call 714-503-5000 or email.

PROPERTY

Specialty Leasing Application

Date

Your Name

Your Title

Proposed Retail DBA

Legal Entity (corporate name)

Email Address

Website Address

Physical Street Address (include POB if applicable)

Business Phone #

City

Alternate Phone #

State

Zip

Fax #

Business Type (Please circle): Cart In-line Kiosk Pop-Up

Unincorporated Individual(s)

Incorporated Businesses

SSN# _____

FEID# _____

____ Unmarried Individual

____ Corporation

____ Married Individual OR unincorporated General partnership

____ LLC

Spouse/Partner's Name _____

____ LP

Spouse/Partner's SSN# _____

____ LLP

BIRTHDATE: _____

____ Government Agency

*state/federal photo ID prior to License execution

*must provide articles of incorporation and/or letter of good standing prior to lease execution

Retail Experience:

Is the Applicant: Experienced retailer in shopping centers? Yes _____ No _____

If yes, list the shopping centers here: _____

Experienced as a national retailer tenant? Yes _____ No _____

First time retailer? Yes _____ No _____

Commencement date desired/length of term:

____ Winter ____ Spring ____ Summer ____ Holiday ____ Year-round

Concept description: (if currently operating a business, photographs or catalog pictures of product are required. If this is a first time venture, please be sure to give as much detail as possible).

Price points of products to be sold/services to be offered at the retail operation: Low \$ _____ High \$ _____

What will make your retail operation memorable? *(How will you make it special from other operations selling the same/similar merchandise?)*

Describe your visual merchandising plans for your operation: *(ie: displays, types of fixtures and color schemes. Attach photos or drawings to get your ideas across).*

Visual merchandising plans of accepted applicants must be pre-approved before move-in day

Who is your target customer? *(Male, female, age, income level, etc)*

What sales volume would you project for your concept at this Center?

Monthly Sales Projections \$ _____ Annual Sales Projections \$ _____

Is your merchandise hand-crafted by yourself, purchased wholesale, or franchised?

Do you have established resources for the product you will be selling?

How long will it take to receive or produce your product? *(Overnight, two weeks, 1 month, etc)*

Are you currently operating a business? Yes ___ *If so, how many locations?* ___ No ___

How long have you operated your present business?

Have you operated/managed any other businesses? *(Please describe)*

Have you operated a retail business in any other mall locations? Yes ___ *(please describe)* No ___

*****If yes, please list the mall names, dates of operation, and approximate monthly sales***

Location _____ Dates _____ Sales \$ _____

Location _____ Dates _____ Sales \$ _____

Location _____ Dates _____ Sales \$ _____

PERSONAL FINANCIAL STATEMENT

FINANCIAL CONDITION AS OF:	
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BALANCE SHEET

ASSETS	\$	LIABILITIES	\$
Cash in Banks (List)		Notes Payable (Sched E)	
		Accounts Payable (Including Credit Cards)	
		Notes Due: Partnerships (Sched D)	
		Taxes Payable	
Residential Real Estate (Sched C)		Mortgage Debt (Sched C)	
Real Estate Investments (Sched C)		Investment Mortgage Debt (Sched C)	
Readily Marketable Securities (Sched A)		Life Insurance Loans (Sched B)	
Non-Readily Marketable Securities (Sched A)		Margin Accounts	
Accounts & Notes Receivable		Other Liabilities (List)	
Net Cash Surrender Value of Life Insurance (Sched B)			
Partnerships / PC Interests (Sched D)			
IRA, Keogh, Profit Sharing, Other Vested Accounts			
Deferred Income			
Personal Property			
Automobiles			
Other Assets (List)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH (Assets less Liabilities)	

PLEASE ANSWER THE FOLLOWING QUESTIONS

	YES / NO
Are any of the above assets or liabilities held in trust?	<input type="text"/>
Have you or any firm in which you were a major owner ever declared bankruptcy?	<input type="text"/>
Do you anticipate any substantial inheritances?	<input type="text"/>

If yes for any of the above, please attach details on a separate sheet of paper.