

**JONES LANG LASALLE
AMERICAS, INC.
SPECIALTY LEASING APPLICATION**

DATE:

JONES LANG LASALLE PROPERTIES OF INTEREST (list here):
Metrocenter Mall

APPLICANT NAME (Please print):

TELEPHONE NUMBERS:

Home:

MAILING ADDRESS:

Business:

Fax: _____

mail:

IS THE APPLICANT A: (Please circle one)

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

OTHER: (Please describe)

SOCIAL SECURITY #

FEDERAL ID #

STATE OF INCORPORATION:

PROPOSED BUSINESS NAME (DBA):

PROPOSED MERCHANDISE CONCEPT/THEME (Please describe in detail)

HAVE YOU EVER BEEN A SPECIALTY RETAILER AT A SHOPPING CENTER BEFORE?
(If yes, please list centers):

PRODUCT INFORMATION:

CONSUMER BASE FOR PROPOSED PRODUCT LINE: (State Male/Female, Ages, Types of

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Shoppers for the product, Tourists, Teens, Senior Citizens, Family oriented)

Why do you feel your product concept would be successful?

PRODUCT PRICING INFORMATION

- A. Product Pricing Range: \$ _____**
- B. Average Dollar Amount Per Sale: \$ _____**
- C. Average Wholesale Price of Product: \$ _____**
- D. Average %-age Mark-up: \$ _____**

FINANCIAL PROJECTIONS

- A. What do you project your weekly sales to be (average)?**
\$ _____
- B. What do you project your monthly sales to be (average)?**
\$ _____
- C. Will you be working your own unit/store?**
How many employees will be hired?
- D. What operational costs do you anticipate? (Include rent, employees, miscellaneous costs, etc.)**

MISCELLANEOUS

- A. Will you utilize any special packaging for your product (logo bags, gift boxes, special labels, etc.)?**

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B. What are your ideas for fixturing your temporary store/retail merchandising unit? What visual themes will you utilize for the unit?

C. If merchandise line is approved, when do you wish to begin tenancy?

REFERENCES

Please list at least three (3) business references/contacts and at least one (1) personal reference/contact.

A. BUSINESS REFERENCES

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

B. PERSONAL REFERENCE

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

ATTACHMENTS

PLEASE ATTACH THE FOLLOWING TO THE SIGNED APPLICATION:

A. FINANCIAL INFORMATION (CORPORATE OR PROPRIETORSHIP ASSET/LIABILITY STATEMENT);

B. SALES HISTORY - EXISTING BUSINESS SALES FIGURES FOR THE PAST TWO YEARS (IF APPLICABLE);

C. PICTURES OF PROPOSED BUSINESS (CAN INCLUDE COLOR CATALOG SHEETS, PHOTOGRAPHS AND SAMPLES).

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I have made an honest representation in responding to the questions above, and do hereby certify that all information contained in the preceding pages is accurate and correct.

Signature

Print Name

Date

PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:

**Jessica Theberge
Specialty Leasing Manager
Metrocenter Mall
9617 N. Metro Parkway W.
Phoenix, AZ 85051**

ALL APPLICATIONS WILL BE CONSIDERED BY THE CENTER MANAGEMENT AS WELL AS JONES LANG LASALLE AMERICAS, INC. AND ITS AFFILIATES; THE SIGNING OF THE APPLICATION BY THE PROPOSED LICENSEE DOES NOT CONSTITUTE ACCEPTANCE INTO THE SPECIALTY LEASING PROGRAM.

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