SPECIALTY LEASING REQUEST FORM

ABOUT THE BUSINESS		
Please Provide the Following Information for considerations		
Business Legal Name (as it appears on your insurance certificate):		
Operating As (business name as it appears to clients):		
Owner/Contact Name:		
Contact Phone Number:		
Contact Email:		
Business Website:		
Business Facebook/Instagram/Twitter handle:		
Are you currently in any other establishments or operating online (please list all):		

PRODUCT LINE

Briefly explain your retail concept, business identity, and/or theme:

What types of merchandise will you sell/services promoted (Please attach product pictures or brochure of your products/services to the application):

PROJECTED SALES

What do you estimate as your average monthly sale \$		
Average Sales – Holiday Term (Nov & Dec)?		
\$	_ / for November	
\$	_/ for December	
If you're operating elsewhere – please provide your average monthly sales (per location):		
\$	/ month – Location:	
\$	/ month – Location:	
\$	/ month – Location:	

VISUAL MERCHANDISING

Describe the visual merchandising plans for your new retail location (please attach layout or mockups if available):

