

**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.**

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**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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