

# **SPECIALTY LEASING**

## **Application**

Prepared by: \_\_\_\_\_

Proposed Center: \_\_\_\_\_

Date: \_\_\_\_\_

***Macerich Company***

**Company/Owner Information**

Business Name and/or Legal Entity: \_\_\_\_\_  
(Corporation or Individual) If a Corporation, State of Incorporation is required

DBA: \_\_\_\_\_  
(Name of Store or Retail Business)

Contact Name: \_\_\_\_\_

Corp or Home Address: \_\_\_\_\_  
\_\_\_\_\_

Other Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Fax) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

FED ID#: \_\_\_\_\_ S.S. # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(All Corporations)

Driver's License (or ID) # \_\_\_\_\_ State \_\_\_\_\_

Name & Title of person executing this lease: \_\_\_\_\_

**Business Information**

Bank Name \_\_\_\_\_ Branch Location \_\_\_\_\_  
Type of Account(s) \_\_\_\_\_ Account #s \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your estimated start-up costs?

Inventory/Stock \_\_\_\_\_  
Display Fixtures \_\_\_\_\_  
Supplies/Packaging \_\_\_\_\_  
Cash Register \_\_\_\_\_  
TOTAL \_\_\_\_\_

How will your new retail business be financed? \_\_\_\_\_

Will you accept major credit cards? \_\_\_\_\_ If so, please list \_\_\_\_\_

How much time do you plan to work at this location (per week)? \_\_\_\_\_

How many employees do you plan to hire (include both part-time and full time)? \_\_\_\_\_

Where do you plan to find your employees? \_\_\_\_\_

What training will you provide your employees? \_\_\_\_\_

**Proposed Business Terms**

Description of Business \_\_\_\_\_

Type of Unit Desired: \_\_\_\_\_ Cart \_\_\_\_\_ Kiosk \_\_\_\_\_ In-Line \_\_\_\_\_ Other

Lease Term From \_\_\_\_\_ To \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Do you need a phone line? \_\_\_\_\_ Extra Storage? \_\_\_\_\_

**Retail Business Experience (if applicable)**

Have you ever had a retail business before in a shopping center? \_\_\_\_\_

If so, please list the location and dates:

Location \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_

What type of business did you have? Cart \_\_\_\_\_ Kiosk \_\_\_\_\_ In-line \_\_\_\_\_

What were the average sales in your most recent business? \_\_\_\_\_

Month(s) of: \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Month(s) of: \_\_\_\_\_ Sales: \$ \_\_\_\_\_

Please list any other sales training, business experience and/or education. \_\_\_\_\_

**References**

Please list business references that may be contacted:

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

**Merchandise/Product Line**

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

\_\_\_\_\_  
\_\_\_\_\_

Types of merchandise to be sold \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Please attach photos and/or brochures of your products to the Business Plan.)

Do you have established resources/suppliers for your merchandise? \_\_\_\_\_  
 (If yes, please describe below)

How long will it take to receive merchandise? \_\_\_\_\_

***LIST PRODUCT LINES AND RETAIL PRICING***

Product Lines	Retail Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

What do you estimate as the average sales transaction? \_\_\_\_\_

What is your profit margin/mark-up (percentage, three times, etc.)? \_\_\_\_\_

Which products are best sellers? \_\_\_\_\_

**Projected Sales**

What do you estimate as your average monthly sales? \$ \_\_\_\_\_

Average Sales – Holiday Term (Nov-Dec) \$ \_\_\_\_\_

**Net Profit Projections (for one month time period)**

Sales \_\_\_\_\_  
 - Cost of Goods Sold \_\_\_\_\_  
 = Gross Margin \_\_\_\_\_  
   - Rental Fees \_\_\_\_\_  
   - Payroll \_\_\_\_\_  
   - Advertising \_\_\_\_\_  
   - Other Expenses \_\_\_\_\_  
 Earnings Before Taxes \_\_\_\_\_  
 NET PROFIT \_\_\_\_\_

**Visual Merchandising**

Describe the visual merchandising plans for your new retail location \_\_\_\_\_

Types of Fixtures \_\_\_\_\_  
Color Scheme \_\_\_\_\_  
Props \_\_\_\_\_  
Signs \_\_\_\_\_

**Marketing Strategy**

Are any special services offered? \_\_\_\_\_

Who is your target -market customer?

Type of Customer \_\_\_\_\_  
Age Range \_\_\_\_\_  
Household Income \_\_\_\_\_  
Lifestyle \_\_\_\_\_

What are your plans for advertising? \_\_\_\_\_

Do you have an existing customer base or following? \_\_\_\_\_

Do you have a current mailing list or plan to create one? \_\_\_\_\_

What are your expansion plans? \_\_\_\_\_

Why will customers buy your product and what will make your cart memorable (verses the competition)? \_\_\_\_\_

Why do you feel that this shopping center is the target market for your product?

Please return this Application along with any other additional information you would like to submit in consideration of your proposal for a retail location at our shopping center. Include brochures of your products and/or photos of your business. (Only items that we may keep on file). Please provide a copy of your Articles of Incorporation or Social Security card and a current valid driver's license. Thank you.

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