

# SPECIALTY LEASING APPLICATION FOR SPACE

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

Center(s) of Interest: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Corporate Name: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

(Doing Business As "dba"): \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Phone Numbers: (Office) \_\_\_\_\_ (Cellular) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

SSN#: \_\_\_\_\_ Is this a new Business? Y/N \_\_\_\_\_

Vendor I.D. #: \_\_\_\_\_

Have you been a merchant in our shopping center previously? \_\_\_\_\_

If so, when and which one? \_\_\_\_\_

If not, list other malls/developers that you have worked with: (please include references) \_\_\_\_\_

What type of products do you plan to sell? (be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Price range of products you plan to sell: \_\_\_\_\_

What type of set-up is required? RMU \_\_\_\_\_ Kiosk \_\_\_\_\_ In-Line \_\_\_\_\_

If Kiosk or RMU: Landlord's \_\_\_\_\_ Tenant's \_\_\_\_\_

Dimensions/Square footage desired: \_\_\_\_\_

Projected Opening date: \_\_\_\_\_ Projected sales volume: \_\_\_\_\_

Length of time desired: \_\_\_\_\_

## RETURN COMPLETED FORM TO:

E-Mail to: [dmancuso@cafarocompany.com](mailto:dmancuso@cafarocompany.com)

or

Fax to: (330) 743-2902 Attn: Dan Mancuso