

SPECIALTY LEASING APPLICATION

Applicant Information

Owner's Name: _____

Legal Business Name: _____

Operating/Trade Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

Social Security or Tax ID Number: _____

Proposed Business Concept

Brief Description of Product/Service: _____

Type of Unit Desired

RMU/Cart

Kiosk

Inline Space

Proposed Lease Term

Start Date: _____ Length of Occupancy: _____

Experience

Are you currently in business or have you ever owned or operated your own business before?

Yes

No

If so, please indicate type of business, location(s), and how long you have been or were in business for:

Financial

What is the estimated start-up cost and how will it be financed? _____

Sales

What are your projected sales per month? _____

Unit Design Plan

Describe your ideas for presenting your merchandise, including fixtures, arrangement of merchandise, color scheme, etc. Please be specific: _____

References

Please list the name and contact information for any three business references that may be contacted:

- 1. _____
- 2. _____
- 3. _____

Please indicate your mall(s) of interest: North Shore Square Southland Mall

Please include any images you may have of your retail concept, websites, and/or social media pages, as well as a copy of your photo ID with this proposal.

Signature: _____ Date: _____

PLEASE RETURN TO:

Amanda Punch
Specialty Leasing Associate
2542 Williams Blvd.
Kenner, LA 70062
504-904-8546
apunch@morguard.com

