



TOWN SQUARE

L A S V E G A S

Specialty Leasing Application Form

PLEASE PRINT

Date: _____

Applicant Name: _____

Business Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: Business: _____ Home: _____

Cell: _____ Fax: _____

Legal Entity: _____

Is the legal entity a: Sole Proprietorship
(Please select one) Partnership
 Corporation
 Other (Please describe) _____

Social Security Number: _____ Federal ID: _____

State of Incorporation: _____

Proposed Business Name: _____

Proposed Start Date: _____

Interested in (circle one): RMU Kiosk In-line Space

Proposed Length of Term of initial agreement (must be a minimum of 3 months):

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/locations): _____

Product Information:

Consumer base for proposed product line (Indicate male/female, ages, type of shoppers for the product, tourists, teens, senior citizens, family oriented, etc.):

Why do you feel your product concept would be successful at Town Square Las Vegas?

Product Pricing Information

Product pricing range: _____

Average dollar amount per sale: _____

Average wholesale price of product: _____

Average percentage mark-up: _____

Financial Projections

What do you project your weekly average sales to be? _____

What do you project your monthly average sales to be? _____

Will you be working your own unit? _____

How many employees will be hired? _____

What operational costs do you anticipate? (Include rent, employees, etc.):

Miscellaneous

Will you utilize any special packaging for your product? (logo bags, gift boxes, special labels, etc)

What are your fixture ideas for your temporary retail merchandising unit/store? What visual themes will you utilize?

If merchandise line is approved, when do you wish to begin tenancy?

References

Please list three (3) business references and one (1) personal reference:

Business References:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Personal Reference:

Name: _____ Relationship: _____ Phone#: _____

Additional Information

Sales History (Existing business sales figures for the past two years, if applicable):

Financial information (Corporate or proprietorship asset/liability statement, if applicable):

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 true.

Signature of Applicant: _____

You may email the application and photos of your proposed business to slewis@fairbourne.com or print the completed application and mail to:

Sherrí Lewis
Specialty Leasing Manager
Town Square Las Vegas
6605 Las Vegas Boulevard South
Suite 201
Las Vegas, NV 89119
702-269-5005
702-269-5010 fax
www.mytownsquarelasvegas.com

All applications will be considered. The signing of the application by the proposed licensee does not constitute acceptance into the specialty leasing program.

PLEASE NOTE: The application review process may take up to seven (7) business days.

Thank you for considering Town Square Las Vegas