

Specialty Leasing Application

GENERAL

Date: _____ Requested Opening Date: _____
Contact Name: _____
Legal Business Name: _____
Do Business As: (DBA): _____
Home Address: _____

Business Address: _____

Phone: _____ Mobile #: _____ Email Address: _____

FORM OF BUSINESS

Space Requested: Cart _____ Kiosk _____ In-Line Store _____ Other _____
() Corporation () Proprietorship
() Limited Partnership/General Partnership () Other
Federal Tax ID #: _____ Social Security #: _____
Driver's License #: _____

MERCHANDISE CONCEPT: *(Please describe in detail. Include pictures or a sample of merchandise)*

EXISTING BUSINESS/LOCATIONS

Location _____ Contact Name and Number _____
Location _____ Contact Name and Number _____
Location _____ Contact Name and Number _____

Merchandise Price Range: _____ \$1-\$10.00 _____ \$10.01-\$25.00 _____ \$25.00-\$50.00 _____ \$50.01+

CREDIT REFERENCES/BANK INFORMATION

Bank: _____
Account #: _____
Phone #: _____

I fully understand that this application is part of an ongoing preliminary review and does not constitute a contractual agreement, or approval to contract a license space in Union Station. Landlord reserves the right to withdraw and reject any offer to enter into a lease agreement.

Signature

Print Name

Date