



SPECIALTY LEASING APPLICATION

Please contact Taylor Dozier for additional information
Telephone: (404) 320-7960
Fax: (404) 728-1942
Email: tdozier@northdekalbmall.com

Company/Owner Information

Date: _____

Owner's Name: _____

Company Name: _____

Business Address: _____

Home Address: _____

Email Address: _____

Telephone: (Home) _____ (Bus) _____
(Cell) _____ (Fax) _____

FEIN # _____ SS # _____

Driver License _____

Business Information

Bank Name _____ Location _____

Type of Account(s) _____ Account #s _____

What are your estimated start-up costs?

Inventory/Stock _____ Display Fixtures _____
S Supplies/Packaging _____ Cash Register _____

TOTAL _____

How will real estate business be financed? _____

Will you accept major credit cards? _____

If so, please list _____

Proposed Business

Description of Business _____

Lease Term From _____ to _____
(month/day/year) (month/day/year)

Will you need a phone line? _____ Extra Storage? _____

Retail Business Experience (if applicable)

Have you ever had a retail business in a shopping center? _____

If so, please list location and dates:

Location _____ Date _____

Type of Business? Cart _____ Kiosk _____ In-line _____

What were 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# _____

Name _____ Phone# _____

Merchandise/Concept or Service

Please describe briefly; provide photos, if available _____

Types of merchandise to be sold _____

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

Estimate of 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

What type of packaging will be used (bag, box, etc.)? _____

Any special services offered? _____

Who is your target - market customer?

Type of Customer _____
 Age Range _____
 Household Income _____
 Lifestyle _____

Marketing Strategy (continued)

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? _____

How would you like to participate in center marketing/promotions? _____

Advertising _____ Promotions/Events _____

What are your expansion plans? _____

Why will customers buy your product; what will make your cart memorable (vs. 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 specialty retail sales at North DeKalb Mall. Include brochures of your products and/or photos of your business (only items that we may keep on file.)

Thank You.