



Temporary Leasing Application
(Please Print Clearly)

PERSONAL/BUSINESS INFORMATION:

Date: ___/___/___ Contact Name: _____
Person who will sign Lease: _____
Legal Entity*: _____
Store Name (DBA): _____
Business/Home Address: _____
Social Security# (N/A if Tax ID # is provided): _____
Corporate Tax ID #: _____ State of Incorporation: _____
Home Phone #: _____ Business Phone #: _____
Cell #: _____ Fax #: _____ Email: _____
Website Address: _____

SPACE REQUESTED:

Cart: _____ Kiosk: _____ Inline Store: _____ (Square footage required): _____
Vending: _____ Parking Lot: _____ Office: _____ Other: _____

DESIRED LEASE TERM:

1-3 Months: ___ 3-6 Months: ___ 6 months-1 year: ___ Holiday: ___ Other: _____

PROPOSED START DATE: _____

(Should be no sooner than 30 days from application date)

MERCHANDISE CONCEPT OR THEME/SERVICE: (Please describe in detail and list all products to be sold. Use additional page if you need more space.)

SALES DATA:

Merchandise (retail) Price Range: From \$ _____ To \$ _____

Projected Monthly Sales: \$ _____

CREDIT REFERENCES/BANK INFORMATION:

Bank: _____ Phone #: _____

EXPERIENCE/REFERENCES: List below shopping centers you may have experience with, and who you negotiated your lease with. This could be for this concept you are applying for or any other: Add another sheet if required:

Location: _____ Contact Name: _____ Phone: _____

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If Business is a Partnership, Corporation, LLC (Limited Liability Corporation), Not for Profit organization or Governmental agency a registered TAX ID number **must be provided on this application. A W-9 or other form of documentation (certificates of incorporation, tax filings, etc.) will be required returned with any terms proposal offered. If this is the case your legal name must end in INC., Corp., or LLC. If you are entering into this agreement as an INDIVIDUAL write (INDIVIDUAL) next to your name in legal entity and assure your Social Security Number is provided. A casual (non-legal) group of 2 or more applicants will hold each jointly responsible to any resulting agreement and each individual must be listed with addresses and SS numbers.*

- 1) Return your application to the Shawnee Mall Management office along with pictures and/or samples of your product.
- 2) Along with this application and photos, please submit a detailed merchandising plan, including drawings, photos or detail description of how you intend to display your products on a cart, kiosk or other such set up.

This application is part of our ongoing preliminary review and does not create rights or obligations for or against either party. Rather, this application is non-binding and constitutes neither a lease nor a promise or commitment to make a lease. To be enforceable by or against a party, a lease agreement between parties must be signed by both parties. Landlord reserves the right to withdraw and reject any offer to enter into a lease agreement.

MISSING OR INCOMPLETE INFORMATION SLOWS OR NEGATES A RESPONSE. PLEASE COMPLETE ALL AREAS.

Applicant Signature: X _____

PLEASE RETURN TO ADDRESS/FAX BELOW or scan and send to
Jennifer Podest
jpodest@streetmac.net

Shawnee Mall, 4901 N. Kickapoo Street, Suite 5000, Shawnee, OK 74804
|phone 405-275-7253 | fax 405-273-5112 | www.shopshawneemall.com

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