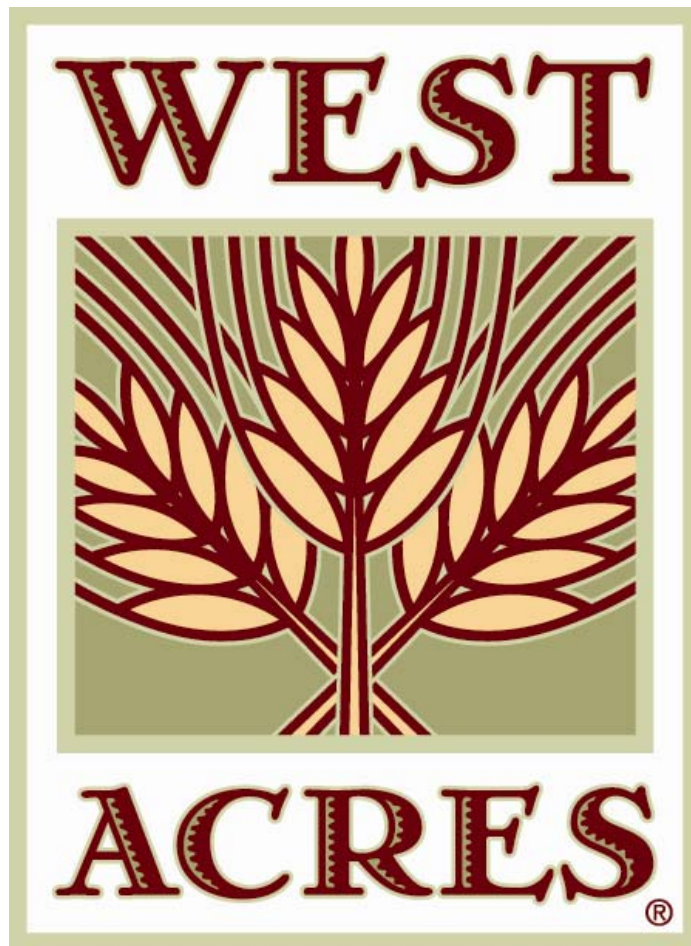


**SPECIALTY
LEASING
BUSINESS PLAN**



SPECIALTY LEASING APPLICATION FORM

Date

Your Name

Your Title

Proposed Retail Trade Name/DBA

Corporate Name

Email address

Address

Home Phone

City

Work Phone

State

Zip

Fax Number

- Business Type: A Sole Proprietorship - Fed Tax ID#: _____
 A Partnership - SSN#: _____
 Corporation

- Is the Applicant: Experienced retailer in shopping centers? Yes No
If yes, what shopping center(s)? _____
 Experienced as a national retailer tenant? Yes No
 First time retailer? Yes No

Commencement date desired/length of term:

- Spring Fall Summer Winter Holiday Year round

Concept description: *(If currently operating a business, photographs or catalog pictures of product are required. If this is a first time retail venture, please be sure to give as much detail as possible).*

Price points of products to be sold on at the retail operation: Low \$: _____ High \$: _____

What will make your retail operation memorable? *(How will you make it special from other operations selling the same/ similar merchandise?)*

Describe briefly visual merchandising plans for your operation: (i.e., displays, types of fixtures and color schemes. Attach photos or drawings to get your ideas across).

Visual merchandising plans of accepted applicants must be pre-approved before move in day.

Who is your target customer? (Male, female, age, income level.....)

What sales volume would you project for your concept at this Mall?

Monthly Sales \$: _____ Annual Sales \$: _____

Is your merchandise hand-crafted by yourself, purchased wholesale or franchised?

Do you have established resources/suppliers for the product you will be selling?

How long will it take to receive or produce your product? (Overnight, two weeks, 1 month?)

Are you currently operating a business? Yes *If so, how many locations?* _____ No

How long have you operated your present business?

Have you operated/managed any other businesses? (Please describe)

Have you operated a retail business in any other mall locations? Yes (please describe) No

(If yes, please list mall names, date of operation and approximate monthly sales)

Location: _____ Dates: _____ Sales \$: _____

Location: _____ Dates: _____ Sales \$: _____

Location: _____ Dates: _____ Sales \$: _____

How many employees do you anticipate hiring? _____

Have you thought about incentives you may offer employees to help motivate & increase sales? *(If so, explain)*

Miscellaneous comments:

Your application must include photos, sketches or visuals describing your retail concept.
Please only send items/photos we may keep on file.

Return application to:

Jim Ross

West Acres Shopping Center

3902 13th Avenue South, Suite 3717

Fargo ND 58103-7512

Phone: 701.282.2222

Fax: 701.282.2229