



Specialty Leasing/Pop-Up Application

Company Name: _____

Principal(s)/Owner(s) Name(s): _____

Address: _____

Email: _____

Phone Number: _____

What kind of space are you interested in: *Please check*

- Retail Merchandising Unit (kiosk)
- Sidewalk location (BYO cart/booth, subject to approval)

Describe your concept in detail and/or attach a copy of your current Business Plan:

Who is your target customer and what is your average price point?

Please list your merchandise and/or services:

Forms of payment you will be accepting (cash, debit/credit card, EBT, health insurance):

Are you currently operating a business? Yes or No

If so, please indicate where and number of years in operation:

Provide two references:

1) _____
2) _____

<i>name</i>	<i>phone/email</i>	<i>relationship</i>
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Additional comments:

Signed by:

Print Name: _____

Signature: _____

Date: _____

Completion of this application does not imply entering into a legally binding contract.

Office Only:

Management Review Date: _____

Notes:

Landlord Review Date: _____

Notes: