# Fresno Fashion Fair

## Specialty Leasing Application

Date

Your Name

Your Title

Proposed Retail Trade Name/DBA

Corporate Name

Email Address

State of Incorporation

Address

Home Phone

City

Work Phone

State

Zip

Fax Number

Business Type:

- A Sole Proprietorship — SSN # _____
- General Partnership
- L.P.
- Corporation
- L.L.C.

Fed Tax ID # _____

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

Type of Unit Desired: Cart Kiosk In-Line Other _____

Lease Term: From: _____ (Month/Day/Year) To: _____ (Month/Day/Year)

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 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?)*

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