



**URBAN RETAIL PROPERTIES, LLC
SPECIALTY LEASING APPLICATION**

PERSONAL INFORMATION:

Date: _____

Contact Name: _____

Corporate Name: _____

Store Name (DBA): _____

Business Address: _____

Home Address: _____

Social Security # (if an individual): _____

Numbers:

Federal ID#: _____

Home: _____

State of Incorporation (If applicable): _____

Business: _____

Business License #: _____

Fax: _____

Driver's License #: _____

Cellular: _____

Website: _____

E-Mail: _____

APPLICANT TYPE: (Please check one)

Sole Proprietorship _____

Partnership _____

Corporation _____

SPACE TYPE:

RMU (cart) _____

In-Line Store _____

Kiosk _____

Vending _____

Display _____

Parking Lot _____

Office _____

Other _____

Urban Mall(s) or Regional Areas of Interest:

1. _____

2. _____

3. _____

PROPOSED MERCHANDISE CONCEPT / THEME:

(Please describe in detail; can use additional pages if necessary)*

Merchandise Price Range:_____ Average Wholesale Price:_____ Mark-Up:_____

* Please include any photos that may be relevant, including, but not limited to, merchandise, existing stores/carts, product catalogs, samples. PLEASE NOTE: SAMPLE MERCHANDISE, CATALOGS, PHOTOGRAPHS, ETC. WILL NOT BE RETURNED WITHOUT INCLUDING A PRE-ADDRESSED ENVELOPE WITH POSTAGE.

URBAN



FINANCIALS:

Bank Name: _____ Bank Phone: _____

Bank Address: _____

Credit References

1. _____ Phone: _____

2. _____ Phone: _____

Have you ever been a Specialty Retailer at a shopping center before? Yes _____ No _____
If yes, list centers below (attach additional sheet, if necessary and provide references)

Shopping Center / Location	Term	Annual Gross Sales
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What do you project your monthly sales to be? \$ _____

Will you be working at your store on a regular basis? Yes _____ No _____

How many employees will be hired? _____

Desired Lease Period: _____

I/we hereby authorize Urban Retail Properties, LLC to verify all information on this application by contacting the sources listed herein or any other sources available. I/we understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above is true and correct.

Applicant(s): _____

Date: _____

Printed Name

Printed Name

Please e-mail, fax or mail this form along with photographs and/or samples to:

**Karen Larson, Director of Specialty Leasing
Urban Retail Properties, LLC
111 East Wacker Drive, Suite 2400
Chicago, IL 60601**

**Phone: 312-915-3319
Fax: 312-915-3356
klarson@urbanretail.com
www.urbanretail.com**