

**DIMOND CENTER
SPECIALTY LEASING APPLICATION**

800 E. Dimond, Suite 3-500
Anchorage, Alaska 99515



DATE:

APPLICANT INFORMATION

Applicant Name:

Mailing Address:

Email Address:

Telephone No(s):

Business:

Cell:

Fax:

Is the Applicant (please check one):

Sole Proprietorship

Partnership

Corporation

Other:

Social Security No.:

Federal ID No.:

State of Incorporation:

Proposed Business Name:

Proposed Merchandise Concept/Theme (please describe in detail):

Have you ever been a specialty retailer at a shopping center before? (If yes, please list centers):

Product Information:

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Consumer Base for Proposed Product Line (state male/female, ages, types of shoppers for the product, tourists, teens, senior citizens, family oriented, etc.):

Why do you feel your product concept would be successful?

PRODUCT PRICING INFORMATION

A. Product Pricing Range	\$
B. Average Dollar Amount Per Sale	\$
C. Average Wholesale Price of Product	\$
D. Average Percentage Mark-Up	\$

FINANCIAL PROJECTIONS

- A. What do you project your weekly sales to be? (Average)
\$
- B. What do you project your monthly sales to be? (Average)
\$
- C. Will you be working your own unit/store? How many employees will be hired?
- D. What operational costs do you anticipate? (Include rent, employees, miscellaneous costs, etc.)

MISCELLANEOUS

- A. Will you utilize any special packaging for your product? (Logo bags, gift boxes, special labels, etc.)
- B. What are your ideas for fixturing your temporary store/retail merchandising unit? What visual themes will you utilize for the unit?
- C. If merchandising line is approved, when do you wish to begin tenancy?

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REFERENCES

Please list at least three (3) business references/contacts and at least one (1) personal reference/contact.

A. Business References

Name:	Relationship:	Phone No.:
Name:	Relationship:	Phone No.:
Name:	Relationship:	Phone No.:

B. Personal Reference(s)

Name:	Relationship:	Phone No.:
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C. Bank Reference(s)

Name:	Acct. No.:	Phone No.:
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Please attach all additional references you wish to include to the signed application.

ATTACHMENTS

Please attach the following to the signed application:

- A. Financial Information (corporate or proprietorship asset/liability statement).
- B. Sales History – Existing business sales figures for the past two (2) years (if applicable).
- C. Pictures of Proposed Business (can include: color catalog sheets, photographs, and samples).

DISCLAIMER AND SIGNATURE

I have made an honest representation in responding to the questions above, and do hereby certify that all information contained in the preceding pages is accurate and correct.

Signature:

Print Name:

Date:

PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:

**Specialty Leasing Manager
Dimond Center**

800 E. Dimond, Suite 3-500

Anchorage, Alaska 99515

907.344.2581 *phone*

907.349.2411 *fax*

SpecialtyLeasing@DimondCenter.com

**ALL APPLICATIONS WILL BE CONSIDERED BY THE DIMOND CENTER MALL
MANAGEMENT;
THE SIGNING OF THE APPLICATION BY THE PROPOSED LICENSEE DOES NOT
CONSTITUTE ACCEPTANCE INTO THE SPECIALTY LEASING PROGRAM.**

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