

**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:

*\*\*\*Execution of this Application in no way grants consideration, acceptance, or tenancy at the Dimond center without the express written consent of the Center's Management and its affiliates in the form of a fully-executed License Agreement.*

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?

**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](mailto: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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