

SPECIALTY LEASING

Application

Prepared by: _____

Proposed Center: _____

Date: _____

Macerich Company

Company/Owner Information

Business Name and/or Legal Entity: _____
(Corporation or Individual) If a Corporation, State of Incorporation is required

DBA: _____
(Name of Store or Retail Business)

Contact Name: _____

Corp or Home Address: _____

Other Address: _____

Telephone: (Home) _____ (Bus) _____ (Fax) _____
(Cell) _____ (Pager) _____

FED ID#: _____ S.S. # _____ D.O.B. _____
(All Corporations)

Driver's License (or ID) # _____ State _____

Name & Title of person executing this lease: _____

Business Information

Bank Name _____ Branch Location _____
Type of Account(s) _____ Account #s _____

What are your estimated start-up costs?

Inventory/Stock _____
Display Fixtures _____
Supplies/Packaging _____
Cash Register _____
TOTAL _____

How will your new retail business be financed? _____

Will you accept major credit cards? _____ If so, please list _____

How much time do you plan to work at this location (per week)? _____

How many employees do you plan to hire (include both part-time and full time)? _____

Where do you plan to find your employees? _____

What training will you provide your employees? _____

Proposed Business Terms

Description of Business _____

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

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

Do you need a phone line? _____ Extra Storage? _____

Retail Business Experience (if applicable)

Have you ever had a retail business before in a shopping center? _____

If so, please list the location and dates:

Location _____ Dates _____

What type of business did you have? Cart _____ Kiosk _____ In-line _____

What were the average sales in your most recent business? _____

Month(s) of: _____ Sales: \$ _____

Month(s) of: _____ Sales: \$ _____

Please list any other sales training, business experience and/or education. _____

References

Please list business references that may be contacted:

Name _____ Phone # _____

Merchandise/Product Line

Briefly explain your retail concept, business identity, and/or theme _____

Types of merchandise to be sold _____

(Please attach photos and/or brochures of your products to the Business Plan.)

Do you have established resources/suppliers for your merchandise? _____
 (If yes, please describe below)

How long will it take to receive merchandise? _____

LIST PRODUCT LINES AND RETAIL PRICING

Product Lines	Retail Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

What do you estimate as the average sales transaction? _____

What is your profit margin/mark-up (percentage, three times, etc.)? _____

Which products are best sellers? _____

Projected Sales

What do you estimate as your average monthly sales? \$ _____

Average Sales – Holiday Term (Nov-Dec) \$ _____

Net Profit Projections (for one month time period)

Sales _____
 - Cost of Goods Sold _____
 = Gross Margin _____
 - Rental Fees _____
 - Payroll _____
 - Advertising _____
 - Other Expenses _____
 Earnings Before Taxes _____
 NET PROFIT _____

Visual Merchandising

Describe the visual merchandising plans for your new retail location _____

Types of Fixtures _____
Color Scheme _____
Props _____
Signs _____

Marketing Strategy

Are any special services offered? _____

Who is your target -market customer?

Type of Customer _____
Age Range _____
Household Income _____
Lifestyle _____

What are your plans for advertising? _____

Do you have an existing customer base or following? _____

Do you have a current mailing list or plan to create one? _____

What are your expansion plans? _____

Why will customers buy your product and what will make your cart memorable (verses the competition)? _____

Why do you feel that this shopping center is the target market for your product?

Please return this Application along with any other additional information you would like to submit in consideration of your proposal for a retail location at our shopping center. Include brochures of your products and/or photos of your business. (Only items that we may keep on file). Please provide a copy of your Articles of Incorporation or Social Security card and a current valid driver's license. Thank you.

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