THE COLLECTION AT RIVERPARK

NAME: PROPOSED RETAIL TRADE NAME/DBA: E-MAIL ADDRESS: ADDRESS:			YOUR TITLE:								
							CORPORATE NAME: STATE OF INCORPORATION: 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 center If yes, what shopping center(s)? Experienced as a national retailer tenar First time retailer?		(s)?	Yes	No						
			tailer tenant?	Yes Yes	No No						
TYPE OF UNIT DESIRED:	Cart	Kiosk	In-Line	Other							
LEASE TERM:	From:	om:):							
	(Month/Day/Year)			(Month/Day/Year)							
Concept Description: (If cur retail venture, please be sure to g	rently operating a live as much detail a	business, photograp as possible.)	ohs or catalog picture.	s of product are re	quired. If this is a first time						
What will make your retail similar merchandise?)	operation mem	norable? (How wi	ll you make it special	from other operation	ons selling the same/						
Price Points of products to	be sold at the	retail operation	n:	all.							
Low \$:	\$: High \$:				111						
					Jeh Z Z						