

# SPECIALTY LEASING APPLICATION

Prepared by: \_\_\_\_\_

Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

## ***Forest City Enterprises***

### **Simi Valley Town Center**

Attn: Specialty Leasing Manager

1555 Simi Town Center Way, Suite 201

Simi Valley, CA 93065

Phone 805-581-1755

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Email: [KeithGeiger@forestcity.net](mailto:KeithGeiger@forestcity.net)

**Company/Owner Information**

Business Name and/or DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Bus) \_\_\_\_\_ (Fax) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

FED ID#: \_\_\_\_\_ S.S. # \_\_\_\_\_

**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? \_\_\_\_\_

How would you compensate 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**

What type of packaging will be used (bag, box, etc)? \_\_\_\_\_

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? \_\_\_\_\_

How would you like to participate in center marketing/promotions?

Display cases \_\_\_\_\_ Promotions/Events \_\_\_\_\_

Fashion Shows \_\_\_\_\_ Advertising \_\_\_\_\_

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 Business Plan 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). Thank you.