



## SPECIALTY LEASING APPLICATION

The below is required for each Business/Cart/Kiosk Licensee wishes to operate

**APPLICANT TYPE:** (Please Check One)

\_\_\_\_\_ Cart

\_\_\_\_\_ Temporary In-Line

**TYPE OF BUSINESS:** (Please Check One)

Sole Proprietorship: \_\_\_\_\_ Corporation (Specify State of Incorporation): \_\_\_\_\_

Limited Liability Company \_\_\_\_\_ Partnership: \_\_\_\_\_

**BUSINESS / PERSONAL INFORMATION:**

Legal Name: \_\_\_\_\_ (“Licensee”)

All DBA Trade Name(s): \_\_\_\_\_

Federal ID#: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Drivers License # / State: \_\_\_\_\_

Mailing Address (NO PO BOX): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PRINCIPAL(S):**

Attach additional sheets containing the requested information for each Principal listed below

Principal(s) Social Security #: \_\_\_\_\_  
(a copy of the Social Security card must be attached to this application)

Principal(s) Drivers License # / State: \_\_\_\_\_  
(a copy of the Drivers License must be attached to this application)

Principal(s) Mailing Address (NO PO BOX): \_\_\_\_\_

\_\_\_\_\_

**MANAGER(S):**

Attach additional sheets containing the requested information for each Manager listed below

Manager(s) Social Security #: \_\_\_\_\_  
(a copy of the Social Security card must be attached to this application)

Manager(s) Drivers License # / State: \_\_\_\_\_  
(a copy of the Drivers License must be attached to this application)

Manager(s) Mailing Address (NO PO BOX): \_\_\_\_\_  
\_\_\_\_\_

**PROPOSED MERCHANDISE CONCEPT/THEME:**

(Please describe in *detail*\*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MERCHANDISE PRICE RANGE:** \$ \_\_\_\_\_ to \_\_\_\_\_

Please include any information that may be relevant such as advertising featuring intended merchandise, pictures of existing stores, merchandise catalogs and/or merchandise samples. Please note, merchandise samples will not be returned.

**FINANCIALS:**

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Credit References:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a Specialty Retailer at a shopping center before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "YES", complete information below (attach additional sheet, if necessary)

Shopping Center	Location	Monthly Gross Sales
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What do you project your monthly sales to be? \$ \_\_\_\_\_

Will you be working at your store on a regular basis? Yes \_\_\_\_\_ No \_\_\_\_\_

How many employees will be hired? \_\_\_\_\_

When would you be available to open? \_\_\_\_\_

I hereby authorize Miracle Mile Shops to verify all information on this application by contacting the sources listed herein or any other sources available. I understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above is true and correct.

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please return this application,  
along with application fee and merchandise samples to:  
Amanda Cole • Specialty Leasing Department • Miracle Mile Shops  
3663 Las Vegas Blvd South • Suite 900 • Las Vegas, Nevada • 89109  
Phone: 702/ 866-0703 Fax: 702/ 866-0717