

HOLLYWOOD & HIGHLAND CENTER

SPECIALTY LEASING APPLICATION

Today's Date _____, 201__

Proposed Business Name / DBA

Office Phone

Fax

Sole Proprietor / Partnership / Corporation

Email Address

Owner / Company / Corporate Name

Business Address:

CONTACT

Primary Contact Person / Owner

Additional Contact Person / Co-Owner

Business Phone

Home

Business Phone

Home

Mobile Phone

Fax

Mobile Phone

Fax

Email Address

Email Address

Home Address:

Home Address:

1. Have you ever had a retail business before? _____ In a shopping center? _____

2. If so, please list location and dates: (Please include photos.)

Location: _____ Date: _____

Location: _____ Date: _____

Location: _____ Date: _____

3. Describe the product(s) that you wish to sell:

(Please be specific. For example, if you sell hats, 50% will be caps and 50% will be dress hats.)

4. What are the prices or price range of the merchandise you will be selling?

5. What were the average monthly sales in your most recent business?

6. What are the demographics for your target market for your merchandise?

(Who is your customer? Ages, gender, income level, etc.)

References:

Please list Business References that may be contacted.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please return this application to the Management Office with a business proposal and financial information via regular mail or fax to:

Fabiola Guzman • Director, Common Area Retail

6801 Hollywood Blvd., Suite 170

Hollywood, CA 90028

P: 323.817.0223 F: 323.460.6003

fguzman@cimgroup.com

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