



Specialty Retail Application

Downtown Silver Spring / Peterson Management
916 Ellsworth Dr., Silver Spring MD 20910
Office: (703)653-8800 - Fax: (301)587-5439
E-mail: jnettles@petersoncos.com
(PLEASE PRINT CLEARLY OR TYPE)

Date: _____

Applicant Name (Mr., Mrs., Miss, Ms.): _____

Company Name (if applicable): _____

Name of Proposed RMU: _____

Mailing Address: _____

City/State/Zip: _____

Are you a U.S. Citizen? Yes _____ No _____

If No, please provide Green Card Identification # and /or work Visa #

Sponsor Name / Address / Phone #: _____

Social Security #: _____ - _____ - _____

Home: _____

Federal ID #: _____

Business: _____

Business Lic. #: _____

Fax: _____

Driver's Lic. #: _____

e-mail: _____

Cell: _____

APPLICANT PROFILE

(Please check one)

Sole Proprietorship _____

Partnership _____

Corporation*

* State of Incorporation: (If ownership is a corporate entity) _____

PROPOSED MERCHANDISE CONCEPT/ PRODUCT LIST

(Please describe in detail)

If merchandise concept and designs are approved, when do you wish to begin tenancy? _____

APPLICANT'S EXPERIENCE

Have you ever been a Specialty Retailer at a shopping center before? Yes _____ No _____
(If yes, please list centers below):

Center Name/Location	Product(s) Sold	Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of last Landlord: _____ Phone #: _____
(Company/Contact Person)

Have you ever been delinquent in paying rent over the past 3 years? Yes _____ No _____
If yes, please explain the situation:

PRODUCT/ CONSUMER INFORMATION

Are you a manufacturer? Yes _____ No _____
If not, from where do you purchase your products?

Name: _____	Name: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____

What type of consumer purchases your merchandise? Indicate your consumer orientation: (Average age of shopper; Male/Female; Generation "X"; Senior Citizens; Family-oriented, etc.).

Why do you feel your product concept would be successful at the intended center(s)?

With which existing retailers in the shopping center does your product compete?

REFERENCES

Business References (Please list at least two business references/ contacts):

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING WITH THE SIGNED APPLICATION:

PICTURES OF PROPOSED PRODUCTS (INCLUDE COLOR CATALOGS, PHOTOGRAPHS OF EXISTING STORES AND/ OR KIOSKS, AND SAMPLES WHERE APPLICABLE).

Note: Samples will be returned to you within 30 days of application receipt.

I have made an honest representation in responding to the question above, and do hereby certify that all information contained in the preceding pages is accurate and correct. This is an Application for review by property ownership and/or management company, at no time does this Application serve as a Temporary License Agreement nor does it guarantee that an agreement will be executed.

Signature

Print Name

Date