

**Holly Hill Mall and Business Center
LEASING APPLICATION**

DATE:

**Holly Hill Mall and Business Center
309 Huffman Mill Road
Burlington, NC 27215**

APPLICANT NAME: (Please print)

MAILING ADDRESS:

TELEPHONE NUMBERS:

Home:

Business:

Fax:

IS THE APPLICANT A: (Please circle one)

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

OTHER: (Please describe)

SOCIAL SECURITY #

FEDERAL ID #

STATE OF INCORPORATION:

PROPOSED BUSINESS NAME:

PROPOSED MERCHANDISE CONCEPT/THEME (Please describe in detail)

HAVE YOU EVER BEEN A RETAILER AT A SHOPPING CENTER BEFORE?

(If yes, please list centers):

PRODUCT INFORMATION:

CONSUMER BASE FOR PROPOSED PRODUCT LINE OR SERVICES: (State Male/Female, Ages, Types of Shoppers for the product, Tourists, Teens, Senior Citizens, Family oriented)

Why do you feel your product concept would be successful?

PRODUCT PRICING INFORMATION

- A. Product Pricing Range: \$ _____**
- B. Average Dollar Amount Per Sale: \$ _____**
- C. Average Wholesale Price of Product: \$ _____**
- D. Average %-age Mark-up: \$ _____**

FINANCIAL PROJECTIONS

- A. What do you project your weekly sales to be (average)?**
\$ _____
- B. What do you project your monthly sales to be (average)?**
\$ _____
- C. Will you be working your own unit/store?**
How many employees will be hired?
- D. What operational costs do you anticipate? (Include rent, employees, miscellaneous costs, etc.)**

MISCELLANEOUS

- A. Will you utilize any special packaging for your product (logo bags, gift boxes, special labels, etc.)?
- B. What are your ideas for fixturing your temporary store/retail merchandising unit? What visual themes will you utilize for the unit?
- C. If merchandise line is approved, when do you wish to begin tenancy?

REFERENCES

Please list at least three (3) business references/contacts and at least one (1) personal reference/contact.

A. BUSINESS REFERENCES

NAME: _____ RELATIONSHIP: _____ PHONE
#: _____

NAME: _____ RELATIONSHIP: _____ PHONE
#: _____

NAME: _____ RELATIONSHIP: _____ PHONE
#: _____

B. PERSONAL REFERENCES

NAME: _____ RELATIONSHIP: _____ PHONE
#: _____

ATTACHMENTS

PLEASE ATTACH THE FOLLOWING TO THE SIGNED APPLICATION:

- A. FINANCIAL INFORMATION (CORPORATE OR PROPRIETORSHIP ASSET/LIABILITY STATEMENT);**
- B. SALES HISTORY - EXISTING BUSINESS SALES FIGURES FOR THE PAST TWO YEARS (IF APPLICABLE);**
- C. PICTURES OF PROPOSED BUSINESS (CAN INCLUDE COLOR CATALOG SHEETS, PHOTOGRAPHS AND SAMPLES).**

I have made an honest representation in responding to the questions above, and do hereby certify that all information contained in the preceding pages is accurate and correct.

Signature

Print Name

Date

PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:

Terri S. Jones
General Manager
Holly Hill Mall and Business Center
309 Huffman Mill Road
Burlington, NC 27215
TJones@HollyHillMall.com
336-584-5118
336-693-9866

**ALL APPLICATIONS WILL BE CONSIDERED BY THE CENTER MANAGEMENT AND
THANK YOU FOR YOUR INTEREST. ***Execution of this Application in no way grants consideration, acceptance**

or tenancy at Holly Hill Mall center without the express written consent of the center's management and its affiliates in the form of a fully-executed License Agreement.