



**STARWOOD RETAIL PARTNERS, LLC**  
**SPECIALTY LEASING APPLICATION**

1 East Wacker Drive, Suite 3600  
Chicago, IL 60601

Please type or print clearly.  
Fax to 312-242-3201 or scan and email to cloy@starwoodretail.com

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

**Space Interest:**

Inline Store Space \_\_\_\_\_ SF  RMU  Kiosk \_\_\_\_\_ SF (maximum 10' x 10')

Other: \_\_\_\_\_  
(Please describe)

Desired Start Date: \_\_\_\_\_

Desired Term: \_\_\_\_\_  
(How many months)

**APPLICANT PROFILE**

Legal Name of Applicant: \_\_\_\_\_  
(Company Name or your individual name)

Contact Name: \_\_\_\_\_  
(If different than above Legal Name of Applicant)

**BUSINESS ENTITY TYPE**

Sole Proprietorship  L.L.C.\*  Partnership\*  Corporation\*

\*State of Formation: \_\_\_\_\_ (please attach legal document as proof of formation)

Trade Name/Business Name/dba: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Address, City, State, Zip)

Business Address: \_\_\_\_\_  
(If different than above Home Address)

Social Security Number: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Business Tel: \_\_\_\_\_

Business License Number: \_\_\_\_\_

Mobile/Cell: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

State Driver's License Was Issued: \_\_\_\_\_



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List Names of All Owners of the Business:

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**PROPOSED CONCEPTS**

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Are you a Manufacturer?  Yes  No

Are you a Distributor?  Yes  No

Are your products designer brand or licensed products  Yes  No  
(If YES, please attach approved license or authorization certificate to retail these products)

What is the average retail price of your products? \_\_\_\_\_

What is the average wholesale priced of your products? \_\_\_\_\_

What is the mark-up of your products? \_\_\_\_\_

**PROPOSED BUSINESS PLAN**

(Please attached business plan if you have one)

What is your monthly sales projection? \_\_\_\_\_  
(Non-Holiday: Jan – Oct) (Holiday: Nov – Dec)

What is your projected monthly expense not including rent? \_\_\_\_\_

What are the top 5 expenses in your monthly expense projection?

Expense Item:	Monthly Projection (\$):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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**STARWOOD RETAIL SHOPPING CENTERS OF INTEREST**

Name of Center:	City:	State:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXPERIENCES / REFERENCES**

Have you ever opened a business in a shopping center?       Yes       No

If YES, please complete below listing most recent first:

Shopping Center Name / City & State:	Products:	Sales:	Shopping Center Contact Name/Tel:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include with this application:

- Pictures of proposed concepts/products
- Pictures of most recent store/kiosk/RMUs (if you answered YES to having operated at a shopping center)
- Samples of proposed concepts/products (If applicable. Note that products are non-returnable)

Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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