



Please type or print clearly.
Email to TheChallenge@starwoodretail.com

Date: ____ / ____ / ____

Space Interest (please circle)

Belden Village Mall- Canton, OH

Kitsap Mall- Silverdale, WA

Rimrock Mall- Billings, MT

Capital Mall- Olympia, WA

Louis Joliet Mall- Joliet, IL

Solano Town Center- Fairfield, CA

Chicago Ridge- Chicago Ridge, IL

MacArthur Center- Norfolk, VA

Southlake Mall- Merrillville, IN

Fairlane Town Center- Dearborn, MI

Northlake Mall- Charlotte, NC

SouthPark Mall- Strongsville, OH

Franklin Park Mall- Toledo, OH

Northridge Mall- Salinas, CA

The Mall at Wellington Green- Wellington, FL

Gateway Mall- Lincoln, NE

Parkway Plaza- El Cajon, CA

The Shops at Willow Bend- Plano, TX

Great Northern Mall- North Olmsted, OH

Plaza West Covina- West Covina, CA

APPLICANT PROFILE

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

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

Home Address: _____

Social Security Number: _____ Home Tel: _____

Driver's License Number: _____ Mobile/Cell: _____

State Driver's License Was Issued: _____ Email: _____

If chosen, I agree to obtain a Business License prior to June 1, 2018

If you currently have a Business License, please fill out the Business Entity Type section below.

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: _____
(Street Address, City, State, Zip)

Business Address: _____
(If different than above Home Address)

Business Tel: _____

Federal Tax ID Number: _____

Business License Number: _____



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List Names of All Owners of the Business:

PROPOSED CONCEPTS

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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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)
- Company logo/signage, RMU set up rendering
- Social media handles; Facebook, Instagram, Twitter & Snapchat, if applicable

On a separate sheet, please include short answers to the following questions:

- What would your ideal RMU look like?
- How do you plan to staff your RMU?
- How are you marketing your business now?
- Where are you selling your product now?
- Why do you want to win this contest?
- What sets you apart from other applicants?

Print Name of Applicant: _____

Signature of Applicant: _____

Date: _____