



Specialty Leasing Application

Center of Interest: _____ Date _____

PERSONAL INFORMATION:

Contact Name (s): _____

Corporate Name: _____

Company Name (Doing business as): _____

Business Address: _____

Owner(s) Name(s): _____

Phone Numbers: (Home) _____ (Office) _____ (Fax) _____

SSN#: _____ Drivers Lic. # _____

Federal ID: _____ Business Lic. # _____

State of Incorporation: _____ Is this a new Business? Y/N _____

Have you been a merchant in a shopping center previously? _____

If so, when and which one? _____

APPLICATION TYPE

What type of set-up is required? RMU _____ Kiosk _____ Inline _____

Dimensions/Square footage desired: _____

Projected Opening date: _____ Length of time desired: _____

Projected sales volume during time store opened: _____

PROPOSED MERCHANDISE CONCEPT/THEME:

(Please describe in Detail*)

*Please include any photos that are relevant, including, but not limited to merchandise, existing Stores/RMUs, product catalogs and samples.

Credit Application

CREDIT INFORMATION ALL INFORMATION TO BE HELD IN STRICT CONFIDENCE.

Full Name of Application: _____

Personal Address: _____

Social Security Number _____

Name and Address of your bank: _____

Account # _____ Phone Number _____

List three references (corporate or personal)

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

How will this business be financed? _____

Present store location	Present store volume
1. _____	_____
2. _____	_____
3. _____	_____

Retail History/Experience: _____

Future plans for your business _____

Additional comments/information

Please sign below giving us permission to check your References & Credit:

Print Name

Signature

**Golden Triangle Mall
Specialty Leasing Program Costs***

RETAIL MERCHANDISING UNITS (RMUs/CARTS)

TERM:	Minimum 3-month term
BASE RENT:	Varies based on location, timing and use
PERCENTAGE RENT:	15% natural breakpoint; combined holiday term
SECURITY DEPOSIT:	An amount equal to the first month's rent

Signage is not included in cost. Phone service is tenant's responsibility.

The following items are due PRIOR TO your set up:

- Security Deposit and first month's rent payable to Golden Triangle Mall
- State Sales Tax ID (information may be obtained through Texas State Comptroller (800-252-5555)).
- Certificate of Insurance (requirements and additional insured list is attached)

Assistance from a visual merchandiser appointed by the mall may be required at a fee of \$200.

**These costs are approximate and are subject to change without notice.*

Golden Triangle Mall

INSURANCE REQUIREMENTS – CERTIFICATE OF INSURANCE

Tenant may not open or operate without proper evidence of insurance provided in advance to the Golden Triangle Office. General Liability Insurance in the amount of \$1,000,000 (RMU's), \$2,000,000 (In-line), Employer's Liability of at least \$500,000 per occurrence, Workers Compensation as required by statute, and Personal Property insurance for replacement cost.

Showing as additional insured:

Landlord and any other parent, subsidiary or affiliated entities of Landlord and Mortgagees (including their agents, employees, representatives, officers, directors, stockholders, partners, members and managers) are added as ADDITIONAL INSURED on all liability policies shown, even for claims regarding their sole negligence. The coverage offered to the ADDITIONAL INSUREDS on (name of tenants) liability policies shall be primary coverage to any other coverage maintained by the ADDITIONAL INSUREDS and shall not permit or require such other coverage to contribute to the payment of any loss.

Showing as certificate holder:

FMP Denton LP, c/o Feldman Equities Management LLC, Golden Triangle Mall 2201 I35E South Denton Texas, 76205