



**JONES LANG  
LASALLE®**

**JONES LANG LASALLE  
AMERICAS, INC.  
SPECIALTY LEASING APPLICATION**

**DATE:**

**JONES LANG LASALLE PROPERTIES OF INTEREST (list here):**

**APPLICANT NAME: (Please print)**

**MAILING ADDRESS:**

**Email address:**

**Phone:**

**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 SPECIALTY RETAILER AT A SHOPPING CENTER BEFORE?**

**(If yes, please list centers):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRODUCT INFORMATION:**

**CONSUMER BASE FOR PROPOSED PRODUCT LINE:** (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? Y / N  
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

