



CALHOUN SQUARE SPECIALTY LEASING APPLICATION

Company Name: _____ Applicant Name: _____

Daytime Phone: _____ Evening Phone: _____

MN Tax ID Number: _____ Website: _____

Email Address: _____ Fax: _____

Preferred form of Contact Email Day Phone Fax

Address: _____

Description of Product/Service: _____

Product/Service Price Points: _____

Preferred Dates and Length of Term: _____

Other Venues Used to Sell Your Product/Service: _____

By Mail:
3001 Hennepin Ave S
Suite 301 A
Minneapolis, MN 55408
Attn: Specialty Leasing Coordinator

By Fax: 612.824.4930

By email: jackie.knight@am.jll.com

Photos of products to be sold must be included with the application in order for application to be considered

