THE TAUBMAN COMPANY LLC
SPECIALTY LEASING APPLICATION
KIOSK

200 East Long Lake Rd., PO Box 200
Bloomfield Hills, MI 48303-0200
(248) 258-6800

(PLEASE PRINT CLEARLY OR TYPE)

Date: _____/_____/_____

Applicant Name (Mr., Mrs., Miss, Ms.): _____

Company Name (if applicable): _____

Name of Proposed Kiosk: _____

Mailing Address: _____

City/State/Zip: _____

Are you eligible to work in the United States for any U.S. employer? Yes _____ No _____
If yes, please provide and list documents that demonstrate identity and work eligibility to assist in completing Form I-9 Employer Verification Form as if this were an employer/employee context.

_____

_____

Sponsor Name / Address / Phone #: _____

Social Security #: _____-_____-_____
Federal ID #:_____
Business Lic. #: _____
Driver's Lic. #: _____

Home: _____
Business: _____
Fax: _____
e-mail: _____

APPLICANT PROFILE
(Please check one)

Sole Proprietorship _____ LLC* _____ Partnership* _____ Corporation* _____

* State of Formation: _____

List all direct and indirect owners of Application (down to natural persons or publically traded companies). Attach additional sheet if necessary._____

_____

_____

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TAUBMAN COMPANY CENTERS OF INTEREST
(List Below)

_____

_____

_____

PROPOSED MERCHANDISE CONCEPT/PRODUCT LIST
(Please describe in detail)

_____

_____

_____

If merchandise concept and designs are approved, when do you wish to begin tenancy? _____

APPLICANT'S EXPERIENCE

Have you ever been a Specialty Retailer at a shopping center before? Yes _____ No ____
(If yes, please list centers below):

Center Name/Location	Product(s) Sold	Sales

Name of last Landlord: _____ Phone #: _____
(Company/Contact Person)

Have you ever been delinquent in paying rent over the past 3 years? Yes _____ No ____

If yes, please explain the situation: _____

_____

_____

PRODUCT/ CONSUMER INFORMATION

Are you a manufacturer? Yes _____ No ____

If not, from where do you purchase your products?

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Are your products designer or licensed products? Yes _____ No ____

(If yes, Please attach license or authorization to sell)

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What type of consumer purchases your merchandise? Indicate your consumer orientation: (Average age of shopper; Male/Female; Generation "X"; Senior Citizens; Family-oriented, etc.).

_____

_____

Why do you feel your product concept would be successful at the intended center(s)?

_____

_____

With which existing retailers in the shopping center does your product compete?

_____

_____

What is your:

A. Product Price Range: $_____

B. Average Dollar Amount Per Sale: $_____

C. Wholesale Price of Product: $_____

D. Merchandise Mark-up (Keystone? Triple?):_____

APPLICANT SALES/EMPLOYEE PLAN

A. What do you project your monthly sales to be? $_____

B. Will you be working your own unit/store? Yes _____ No ____

C. How many employees will be hired? _____

D. What operational costs do you anticipate for: _____

Costs	**Non-Holiday** (January – October)	**Holiday** (November-December)
Employees	_____	_____
Advertising	_____	_____
Supplies	_____	_____
Other	_____	_____

E. What kind of incentives will you use for your employees (commissions, etc.)?

_____

_____

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MISCELLANEOUS

A. Will you utilize any special packaging for your product (logo bags, gift boxes, special labels, etc.)? If so, please identify.

_____

_____

B. How frequently will you change out/refresh the merchandising mix (ie, weekly, monthly, other)?

_____

_____

REFERENCES

Business References (Please list at least three business references/ contacts):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING WITH THE SIGNED APPLICATION:

PICTURES OF PROPOSED PRODUCTS (INCLUDE COLOR CATALOGS, PHOTOGRAPHS OF EXISTING STORES AND/ OR KIOSKS, AND SAMPLES WHERE APPLICABLE).

Note: Samples will be returned to you within 30 days of application receipt.

I have made an honest representation in responding to the question above, and do hereby certify that all information contained in the preceding pages is accurate, correct and complete.

I certify that I am eligible to work in the United States for any U.S. employer, lawfully present in the United States, and not prohibited from doing business with U.S. persons under any law or regulation. I further certify that I am able to provide documents that demonstrate my identity and work eligibility and that I will provide these documents upon request by The Taubman Company LLC.

_____	_____	_____
Signature	**Print Name**	**Date**

THE TAUBMAN COMPANY LLC
SPECIALITY LEASING APPLICATION

PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:

Tracy DeVine
Specialty Leasing Agent - The Taubman Company
Fairlane Town Center
18900 Michigan Ave., Dearborn, MI 48126
Phone: 313.240.5710
Fax: 313.593.0572
Email: tdevine@taubman.com

***Rents & Location Availability will not be disclosed until Application is completed and concept can be accommodated at Center(s). No Exceptions.**

Applicant's execution of this Application does not in any way constitute an acceptance of Applicant for tenancy by The Taubman Company LLC. This application has been executed by Applicant solely for informational purposes and confers no rights whatsoever on the part of the Applicant. The Taubman Company LLC shall have the right, in its sole discretion, to accept or reject this application without any liability whatsoever.

COMPANY NAME & LOCATION

_____

BALANCE SHEET
AS OF

_____

CASH	_____	**ACCOUNTS PAYABLE**	_____
RECEIVABLES	_____	**LOANS**	_____
INVENTORY	_____		
OTHER ASSETS	_____	**NET EQUITY**	_____
TOTAL ASSETS	_____	**TOTAL LIABILITIES & EQUITY**	_____

INCOME STATEMENT
FOR THE PERIOD

_____

TOTAL SALES	_____
COST OF SALES	_____
SALARIES AND WAGES	_____
RENT	_____
OTHER EXPENSES	_____
TOTAL EXPENSES	_____
NET INCOME / (LOSS)	_____

I attest that the information provided above is true and accurate to the best of my knowledge.

_____ _____/_____/_____
Name Date