

# SPECIALTY LEASING APPLICATION



**LERNER**

This application is for informational purposes only and is not to be construed in any way as a commitment to enter into a license agreement with applicant. Completed forms, along with Articles of Incorporation (if applicable) should be returned to Lerner, Specialty Leasing: 2000 Tower Oaks Boulevard, Eighth Floor, Rockville Maryland 20852.

Applications must be completed in full. Incomplete applications may not be considered for available space. Please call 301-692-2286 with any questions you may have.

COMPANY/CORPORATION NAME: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_ FEIN: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

OPERATING BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ OFFICE: \_\_\_\_\_

\_\_\_\_\_ CELLULAR: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PREVIOUS SALES EXPERIENCE:**

*(Please list retail experiences; amount of sales generated and for what time period)*

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

**PROFESSIONAL REFERENCES**

COMPANY: NAME: TELEPHONE:	COMPANY: NAME: TELEPHONE:
COMPANY: NAME: TELEPHONE:	COMPANY: NAME: TELEPHONE:

CENTER:  Annapolis Harbour Center  Dulles Town Center  Other \_\_\_\_\_  
(CHECK ONE OR MORE)

UNIT TYPE:  RMU  KIOSK  INLINE (SQ. FT.) \_\_\_\_\_  YOUR OWN  OTHER \_\_\_\_\_

TERM DESCRIPTION: \_\_\_\_\_ (Opening date \_\_\_\_\_ Closing date \_\_\_\_\_)

PROPOSED MONTHLY RENT: \_\_\_\_\_ (Jan. - Oct.) \_\_\_\_\_ (Nov. - Dec.)

MERCHANDISE TO BE SOLD	
PRODUCT LINE	RETAIL PRICE

MARGIN MARK UP
WHICH ARE BESTSELLERS?

**PRODUCT/SALES INFORMATION:**

PRICE RANGE \_\_\_\_\_

EXPECTED AVERAGE CUSTOMER SALE \_\_\_\_\_

# SPECIALTY LEASING APPLICATION CONT'

EXPECTED NUMBER OF SALES PER DAY \_\_\_\_\_  
 TARGET MARKET/CUSTOMER \_\_\_\_\_

*Use the rental number proposed on the first page of the application to complete the following:*

SALES PROJECTION:		PROFIT PROJECTION:	
WEEK 1	_____	TOTAL SALES:	+
WEEK 2	_____	COST OF GOODS SOLD:	-
WEEK 3	_____	GROSS MARGIN:	=
WEEK 4	_____	RENTAL FEES:	-
WEEK 5	_____	PAYROLL:	-
WEEK 6	_____	OTHER EXPENSES:	-
WEEK 7	_____	PRE TAX PROFIT:	
WEEK 8	_____		
<b>TOTAL</b>			

Referred By: \_\_\_\_\_

All information contained in this application is based on applicant's information and is accurate to the best of his/her knowledge and belief, and is not based on any information, statements or representations made by Lerner.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Email or mail pictures of your product and/or current business location(s) to:  
[cwhite@lerner.com](mailto:cwhite@lerner.com) or [sglass@lerner.com](mailto:sglass@lerner.com)  
 Lerner: 2000 Tower Oaks Boulevard, Eighth Floor, Rockville Maryland 20852