

THE TAUBMAN COMPANY
SPECIALTY RETAIL APPLICATION
Retail Merchandising Unit (RMU)

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 RMU: _____

Mailing Address: _____

City/State/Zip: _____

Are you a U.S. Citizen? Yes _____ No _____

If No, please provide Green Card Identification # and /or work Visa # _____

Sponsor Name / Address / Phone #: _____

Social Security #: _____ - _____ - _____

Home: _____

Federal ID #: _____

Business: _____

Business Lic. #: _____

Fax: _____

Driver's Lic. #: _____

e-mail: _____

APPLICANT PROFILE

(Please check one)

Sole Proprietorship _____

Partnership _____

Corporation*

* State of Incorporation: (If ownership is a corporate entity) _____

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? _____

THE TAUBMAN COMPANY SPECIALTY RETAIL APPLICATION

APPLICANT'S EXPERIENCE

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

<u>Center Name/Location</u>	<u>Product(s) Sold</u>	<u>Sales</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

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?): _____

THE TAUBMAN COMPANY SPECIALTY RETAIL APPLICATION

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:

<u>Costs</u>	<u>Non-Holiday</u> (January – October)	<u>Holiday</u> (November-December)
Employees	_____	_____
Advertising	_____	_____
Supplies	_____	_____
Other	_____	_____

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

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: _____

