

THE TAUBMAN COMPANY
SPECIALTY RETAIL APPLICATION
Temporary In-Line Store (TILS)

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 TILS: _____

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

Home: _____
Business: _____
Fax: _____
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)

Desired Square Footage of your store? _____

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

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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?): _____

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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/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: _____

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ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING WITH THE SIGNED APPLICATION:

- A. COMPLETED FINANCIAL STATEMENT (ATTACHED).
- B. 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 and correct.

Signature

Print Name

Date

PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:

“Applicant’s execution of this Application does not in any way constitute an acceptance of Applicant for tenancy by The Taubman Company. 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 shall have the right, in its sole discretion, to accept or reject this application without any liability whatsoever.”

The Taubman Company
Debra Parker, Specialty Retail Agent
10300 West Forest Hill Boulevard, Suite 2000
Wellington, FL 33414
(561) 227-6901 (Phone)
(561) 227-6920 (Fax)
deboraparker@taubman.com (e-mail)

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

