# URBAN RETAIL PROPERTIES, LLC SPECIALTY LEASING



#### TO WHOM IT MAY CONCERN,

Colony Square Mall has locations in the common area dedicated to RMUs (Retail Merchandising Units) and various kiosk and vending concepts. Available in-line spaces vary in location, size and condition. Availability will vary from month-to-month.

Please return the following information along with pictures or samples of your product and a depiction of how you would display your merchandise. If you have done business with another center please include those pictures as well. If an opportunity becomes available at Colony Square Mall, we will contact you and you will be asked to complete our application that includes credit history, business plan, W-9, articles of incorporation and/or business license and other requirements.

We thank you for your interest in the Specialty Leasing Program at Colony Square Mall and look forward to the possibility of working with you in the near future.

Sincerely,

### **Your Specialty Leasing Team**

for Colony Square Mall

ColonySquareMall.SpecialtyLeasing@urbanretail.com

#### PERSONAL INFORMATION

ERSONAL IN ORMA						UKDAN	
DATE							
APPLICANT(S) NAME						RETAIL PROPERTIES, LL	
HOME ADDRESS							
CITY							
MOBILE #(S)							
HOME #							
EMAIL ADDRESS(ES)							
COMPANY INFORMAT	TION						
COMPANY NAME							
TRADE NAME (DBA)							
BUSINESS STREET ADDRESS.							
	CITY		STAT	E	ZIP CODE		
BUSINESS PHONE #		BUSINESS EM	1AIL				
BUSINESS FACSIMILE							
FEDERAL EMPLOYER IDENTI	FICATION NUMBER (I	FEIN)		NUM	IBER OF YEARS IN B	USINESS	
SOCIAL SECURITY # (IF AN I	NDIVIDUAL)		DRIVER'S LICEI	NSE OR STATE ID#			
BUSINESS LICENSE # (IF APP	PLICABLE)						
BUSINESS STRUCTURE (PLEA	ASE CHECK ONE)	O SOLE PROPI	rietorship <b>O</b> corp	ORATION OPARTN	NERSHIP OLLC O	FRANCHISE	
STATE OF INCORPORATION	(IF APPLICABLE)		BUSINESS WE	BSITE (IF APPLICABLI	E)		
CURRENT LOCATIONS (IF AF	PPLICABLE)						
NAME OF GUARANTOR (INC	DIVIDUAL WHO WILL	. GUARANTEE THE	LICENSE OTHER THAI	N APPLICANT. IF THE	GUARANTOR IS TH	E APPLICANT, WRITE	
SAME" AND SKIP TO LICENS	SING INFORMATION)						
STREET ADDRESS		CI1	ΓΥ	STAT	E ZIP	CODE	
SOCIAL SECURITY #	MOBILE PHONE #						
BUSINESS PHONE	BUSINESS FACSIMILE						
LICENSING INFORMAT	TION						
SPECIALTY LEASING TYPE			O IN-LINE O ALTERNATIVE	O VENDING INCOME	O DISPLAY/DE	МО	
DESIRED START DATE		DESIRED END	DATE	LOCATION PRE	FERENCE		
ARE YOU INTERESTED IN REI	NTING ADDITIONAL S	STORAGE SPACE	WITHIN THE MALL (IF A	AVAILABLE)? OYES	ONO HOW MA	NY SQ FT?	
WILL YOU REQUIRE MORE T	HAN 20 AMPS OF EL	ECTRICAL SERVIC	CE OYES ONO	HOW MANY AMPS?			
A D DITIONIAL LIDRANI DETAIL	DDODEDTIES CENTER	DS AND/OD DECIG	ONIAL ADEAS OF INTER	DECT			

#### **BUSINESS INFORMATION**





SHOPPING CENTER/LOCATION	TERIVI	ANNUAL GROSS SALES	
1			
2			
3			_
OTHER RETAIL AND/OR INTERNET BASED SALES	S EXPERIENCE		
TYPE OF MERCHANDISE TO BE SOLD			
MERCHANDISE PRICE POINTS			
PROJECTED MONTHLY SALES (DOLLARS)			
PLEASE LIST YOUR MERCHANDISE AND YOUR	PERCENT OF INVENTORY.		

## Insurance Requirements Certificate of Insurance

Licensee may not open or operate without proper evidence of insurance provided in advance to the Colony Square Mall Management Office. General Liability Insurance in the amount of \$1M per occurrence, \$1M general aggregate, Employer's Liability of at least \$500,000 per occurrence, Workers Compensation as required by statute, and Personal Property insurance for replacement cost. Proof of Business Personal Property coverage is required. Licensee's legal name, DBA and Space Number must be listed as the Insured.

#### SHOWING AS ADDITIONAL INSURED

Time Equities, Inc., Colony Square Mall Owner,LLC;
Colony Square Outparcel Owner, LLC;
Urban Retail Properties, LLC and their respective officers,
directors, shareholders, members, employees, and agents
are included as additional insureds as required by written
contract and/or agreement.

#### SHOWING AS CERTIFICATE HOLDER

Colony Square Mall Owner, LLC;
Colony Square Outparcel Owner, LLC
3575 Maple Ave.
Zanesville, Ohio 43701