

# Tri-County Mall

## TEMPORARY LICENSEE APPLICATION

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Store Name (DBA): \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Numbers:

Federal ID#: \_\_\_\_\_

Home: \_\_\_\_\_

State of Incorporation (If applicable): \_\_\_\_\_

Business: \_\_\_\_\_

Business License #: \_\_\_\_\_

Fax: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### APPLICANT TYPE: (Please Check one)

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Cart \_\_\_\_\_ In-Line Store \_\_\_\_\_ Kiosk \_\_\_\_\_

### PROPOSED MERCHANDISE CONCEPT / THEME:

(Please describes in **detail**\*)

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\* Please include any photos that may be relevant, including, but not limited to, merchandise, existing stores/carts, product catalogs, samples. PLEASE NOTE SAMPLE MERCHANDISE, CATALOGS, PHOTOGRAPHS, ETC. WILL NOT BE RETURNED WITHOUT INCLUDING A PRE-ADDRESSED ENVELOPE WITH POSTAGE.

**FINANCIALS:**

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Credit References

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a Specialty Retailer at a shopping center before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list centers below (attach additional sheet, if necessary)

Shopping Center / Location	Term	Annual Gross Sales
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

What do you project your monthly sales to be? \$ \_\_\_\_\_

Will you be working at your store on a regular basis? Yes \_\_\_\_\_ No

How many employees will be hired?

Desired Lease Period: \_\_\_\_\_

**I/we hereby authorize Tri-County Mall, LLC to verify all information on this application by contacting the sources listed herein or any other sources available. I/we understand that information that does not verify, or cannot be verified, may result in this application not being approved. The undersigned certifies that the above is true and correct.**

Applicant(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_

\_\_\_\_\_

Printed Name \_\_\_\_\_

Please return this form along with photographs and/or samples to:

Lee & Associates  
11500 Northlake Dr. Suite 100  
Cincinnati, OH 45249  
[dan.mcdonald@lee-associates.com](mailto:dan.mcdonald@lee-associates.com)