

Tanger[®]Outlets

Specialty Leasing Application

Today's Date: _____ Store Name: _____
Contact Name: _____ Driver's License #: _____
Please attach a copy of your Driver's License
Contact Address: Street Address: _____ Suite or Mail Code #: _____
City: _____ State: _____ Zip Code: _____
Contact Numbers: Home: _____ Business: _____ Fax: _____
Contact E-mail Address: _____ FED ID or SSI #: _____

Legal Entity: _____ Sole Proprietor LLC INC.
(Individual)
(If Sole Proprietor, please include your spouse's name.)

If Incorporated – State of Incorporation: _____ *Please attach articles of Incorporation.*

Description of Business: _____

Have you ever had a retail business before in a shopping center? : Yes No

If so, please list the locations and dates: (incl. photos if available)

Location: _____ Date: _____

Location: _____ Date: _____

Please describe your retail background in detail (have you ever been a retail center merchant?):

What were the average sales in your most recent business?

Holiday – November – December Sales (per term): _____

January – October Sales (avg. per month): _____

Describe the product(s) that you wish to sell at the center: (Please be specific. For example, if you sell hats, 50% will be caps and 50% will be dress hats.):

Note: Photos and /or brochures of your products to be submitted if a meeting cannot be scheduled.

What are the price points of merchandise you will be selling? \$ _____ up to \$ _____

Briefly explain your retail concept, business identity, and / or theme:

