



Specialty Leasing Application

*Thank you for your interest in Specialty Leasing at 2ND & PCH. This application will assist in expediting the review process. All applications must be submitted a minimum of **30 days in advance of desired commencement date**. Applications may require additional documentation and a site walk depending on use. A valid COI meeting all center requirements is required prior to executing a specialty license agreement with PCH Property, LLC.*

Personal Information

Application Date: _____

Name: _____

Phone: _____

Name of guarantor:
(if applicable) _____

Address: _____

Cell: _____

Email: _____

Website: _____

Company Information

Name of client: _____

Name of company: _____

Name of entity responsible as licensee: _____

Primary Point of Contact: _____



Description of Business: _____

Operating Information

Estimated startup costs: \$ _____

Estimated inventory: \$ _____

Estimated number of employees: _____

Target Market/Demographic: _____

Advertising Strategy: _____

Misc. Operating Details: _____

Business Plan

Do you have pre-existing businesses? YES NO If no, do you have a prepared business plan? YES NO

Preferred Term: _____



Type of merchandise to be sold:

Merchandise price points:

Are you a wholesaler? YES NO

If yes, do you sell to nationals or independents? (circle all that apply)

Nationals Independents Other

Monthly projected sales: \$ _____

Specialty Leasing Category:
(Circle all that apply)

Sponsorship

Short Term Pop-up

RMU/Kiosk/Mobile Unit

Experiential Marketing/Sampling

Exhibit/Shows

Advertising

Inline Short-term leasing

Required Supporting Documents:

- Completed W-9 (Rev. October 2018, must be signed and dated)
- Photos and/or samples of the product and any photos of other concept locations (if applicable)
- Business Plan
- Food operators are required to obtain a health permit with the city of Long Beach.



Business References

Please list three professional references in which you have leased from in the past and/or have worked with you in the past.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that all fields must be completed in their entirety and requested documentation must be provided for my application to be reviewed. Changes to this application after submittal may delay the review process. Submittal of an application does not guarantee approval.

Printed Name

Signature

Date

Please submit completed applications as well as required supporting documents request to Rocky Cunningham, rcunningham@centercal.com.