

**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 #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

Business Lic. #: \_\_\_\_\_

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

Driver's Lic. #: \_\_\_\_\_

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?): \_\_\_\_\_

# THE TAUBMAN COMPANY SPECIALTY RETAIL APPLICATION

## 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:

Jennifer Brown  
MacArthur Center, Specialty Retail  
300 Monticello Avenue  
Norfolk, VA 23510  
(757) 627-6502 (Phone)  
(757) 627-6624 (Fax)

“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.”

**COMPANY NAME & LOCATION**

\_\_\_\_\_

**BALANCE SHEET  
AS OF**

\_\_\_\_\_

<b>CASH</b>	_____	<b>ACCOUNTS PAYABLE</b>	_____
<b>RECEIVABLES</b>	_____	<b>LOANS</b>	_____
<b>INVENTORY</b>	_____		
<b>OTHER ASSETS</b>	_____	<b>NET EQUITY</b>	_____
<b>TOTAL ASSETS</b>	_____	<b>TOTAL LIABILITIES &amp; EQUITY</b>	

\_\_\_\_\_

**INCOME STATEMENT  
FOR THE PERIOD**

\_\_\_\_\_

<b>TOTAL SALES</b>	_____
<b>COST OF SALES</b>	_____
<b>SALARIES AND WAGES</b>	_____
<b>RENT</b>	_____
<b>OTHER EXPENSES</b>	_____
<b>TOTAL EXPENSES</b>	_____
<b>NET INCOME / (LOSS)</b>	_____

I attest that the information provided above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

