

**Please return completed application by email, mail or fax to the contact information below.  
A Specialty Leasing Representative will respond to your request within one week of receiving it.**

KINGSWAY MALL  
Suite 320, 109 Street & Princess Elizabeth Ave.  
Edmonton, Alberta T5G 3A6

Attn: Lindsay Botha  
Manager, Specialty Leasing & Partnerships  
Tel: 780-378-6311  
[lbotha@oxfordproperties.com](mailto:lbotha@oxfordproperties.com)

## **SPECIALTY LEASING PROGRAM APPLICATION**

Please print or type all information

Date of application: \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

Desired Term: \_\_\_\_\_

Annual:  Yes  No

### **CONTACT INFORMATION**

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

### **BUSINESS INFORMATION**

Company Name: \_\_\_\_\_

Legal Entity: \_\_\_\_\_

Website: \_\_\_\_\_

# SPECIALTY LEASING PROGRAM APPLICATION

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## 1 CONCEPT DESCRIPTION:

Please briefly describe the type of retail opportunity you would like to feature in the Specialty Leasing Program.

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## 2 MERCHANDISE/PRODUCT USE:

Please detail a complete list of the products or services you would like to sell/promote.

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## 3 TARGET CUSTOMER:

Please describe who would be your target customer(s). Use descriptions such as gender, age, income level, etc. to explain who would be likely to purchase your products or services.

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## 4 WHICH OF THE FOLLOWING SET UPS ARE YOU INTERESTED IN UTILIZING? (check all that apply)

in line unit (store)     cart     kiosk (you provide)

\*Note: If you have selected kiosk, please provide pictures or drawings

### RETAIL INFORMATION

Are you currently operating a business, with this service or product?  Yes  No

If yes, how many locations do you have at present? \_\_\_\_\_

How many years have you owned and operated this business? \_\_\_\_\_

Please list the location and size of space you currently occupy for this business:

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What was your approximate last year annual sales volume per location?

Location: \_\_\_\_\_ Sales: \$ \_\_\_\_\_ # of Months of Operation: \_\_\_\_\_

Location: \_\_\_\_\_ Sales: \$ \_\_\_\_\_ # of Months of Operation: \_\_\_\_\_

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What type of business experience do you have? Please describe/explain.

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How much revenue do you estimate for your concept?

Annual Sales: \$ \_\_\_\_\_ Monthly Sales: \$ \_\_\_\_\_

Please share with us any other background, education, experience or relevant information that will be beneficial in this business venture.

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Applicant's Signature: \_\_\_\_\_

Please include PHOTOS, SKETCHES, SAMPLES OR VISUALS DESCRIBING YOUR IDEA/CONCEPT with your application

Thank you in advance for your interest.

- If we **do** have availability we will contact you to arrange an appointment.
- If we **do not** have available opportunities when we receive your application, we will keep your application on file and we will contact you should something become available.

Please understand that this application is intended for preliminary prescreening and a completed application does not constitute a commitment or binding agreement from either party for retail space.

## FAST FACTS

GLA **980,000 SF RETAIL**

TRAFFIC APPROX. **8 MILLION ANNUALLY**

SALES **\$718 PER SF**

**\$70 MILLION** 2009 RENOVATION

RETAILERS **180**

**\$125** AVERAGE SPEND PER VISIT

**45%** CONVERSION RATE

WEBSITE [www.kingswaymall.com](http://www.kingswaymall.com)