

**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

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.

2 MERCHANDISE/PRODUCT USE:

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

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.

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:

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

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

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

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.

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