



## Specialty Leasing Application

*Thank you for your interest in Specialty Leasing at 2<sup>ND</sup> & PCH. This application will assist in expediting the review process. All applications must be submitted a minimum of **30 days in advance of the 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 not, 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 that you have done business with historically.*

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:  
Mindy Green at [mgreen@centercal.com](mailto:mgreen@centercal.com) as a starting point.*