MAYFAIR

LEASING APPLICATION

Sole Proprietorship Partnership Other Corporation Partnership Other	Business Operating Name	e:	
Mailing Address: Contact Person: Contact Email: Signatory (if different): Merchandise and products (please list all products and brands you will sell or promote): pace Requested: Retail Cart 10'x10' Kiosk In-line stored and products (please list all products and brands you will sell or promote): Business Reference 1: Name: Name: Title: Title: Title:	Type of Business:		Partnership
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	hopping Centre Experienc	ce:	
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Email: Email:	hopping Centre Experienc Business Reference 1: Name:		

Mayfair Shopping Centre, 221 - 3147 Douglas Street, Victoria, British Columbia, V8Z 6E3