MAYFAIR

LEASING APPLICATION

Legal Business Name:_____

Business Operating Name:_____

Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other

Mailing Address:_____

Contact Person:_____ **Phone #:**_____

Contact Email:_____

Signatory (if different):_____ **Title:**_____ **Email:**_____

Merchandise and products (please list all products and brands you will sell or promote):

_____

_____

_____

Space Requested: ☐ Retail Cart ☐ 10'x10' Kiosk ☐ In-line store

Requested Opening Date:_____

Shopping Centre Experience:_____

_____

Business Reference 1:

Name:_____

Title:_____

Phone:_____

Email:_____

Business Reference 2:

Name:_____

Title:_____

Phone:_____

Email:_____

All fields required.

Return application to **Nancy Lu, Senior Leasing Coordinator** Email:**nancy.lu@centralwalk.com**