



SHERATON MALL RENTAL APPLICATION

Date of Application (month/date/year)_____

General Information

Company Name_____

Store Name_____

Type of Ownership_____

Contact Name_____ Email_____

Business Address_____

Telephone No._____ Fax No._____ Cell_____

Store Information

Square Footage Requested_____

Who is your target customer?

Male Female Male/Female

What is the average age of your target customer?

Under 18 18-24 25-34 35-44 45-54 Over 55

What are the price points for the merchandise you will be selling? \$_____ to \$_____

Current location of your existing business (if applicable) 1. _____

2. _____

Number of years in operation (if applicable) _____

Proposed Merchandise Concept (please describe in detail)

List the name of all brands to be retailed/sold.

Describe the type of promotion / advertising planned for your business at Sheraton Mall.

Why do you feel that Sheraton Mall is a suitable location for your business?

Images of the intended store design must be attached to facilitate processing as well as images of your products and/or current business location where relevant.

Please forward your completed application to:

The Marketing Department
GOTE Properties Inc.
Sargeants Village, Christ Church
Phone- 437-0970
Fax- 437-0829
Email- office@sheratonmall.com