

URBAN RETAIL PROPERTIES, LLC SPECIALTY LEASING APPLICATION



TO WHOM IT MAY CONCERN,

Attached is information regarding the Specialty Leasing Program for Monroe Crossing Mall.

Monroe Crossing Mall has approximately 25 locations in the common area dedicated to RMUs (Retail Merchandising Units) and various kiosk and vending concepts. In-line spaces vary in location, size and condition. RMU and in-line availability vary from month-to-month.

For your review, I have enclosed the following:

- Temporary Tenant Application
- Credit History Form
- Fact Sheet
- Overview of Program and Fees
- Overview of In-Line Temp Leasing

Please return the completed application and credit history, including your VantageScore 3.0, with any references to the address provided. In addition, a copy of your Drivers License or State ID is required with the completed leasing packet. Please provide pictures or samples of your product and a depiction of how you would display your merchandise on an RMU. If you have done business with another center please include those pictures as well. Upon review, I will contact you if an opportunity becomes available at Monroe Crossing Mall.

Thank you for your interest and I look forward to working with you in the near future.

Sincerely,

Doug Kiehn

General Manager

 704.289.6547 ext. 23

dkiehn@urbanretail.com

MONROE CROSSING MALL

shopmonroecrossing.com · 704.289.6547 · 2115 W. Roosevelt Blvd., Monroe, NC 28110

PERSONAL INFORMATION



DATE _____
APPLICANT(S) NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
MOBILE #(S) _____
HOME # _____
EMAIL ADDRESS(ES) _____

COMPANY INFORMATION

COMPANY NAME _____
TRADE NAME (DBA) _____
BUSINESS STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE # _____ BUSINESS EMAIL _____
BUSINESS FACSIMILE _____
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____ NUMBER OF YEARS IN BUSINESS _____
SOCIAL SECURITY # (IF AN INDIVIDUAL) _____ DRIVER'S LICENSE OR STATE ID# _____
BUSINESS LICENSE # (IF APPLICABLE) _____

BUSINESS STRUCTURE (PLEASE CHECK ONE) ☐ SOLE PROPRIETORSHIP ☐ CORPORATION ☐ PARTNERSHIP ☐ LLC ☐ FRANCHISE
STATE OF INCORPORATION (IF APPLICABLE) _____ BUSINESS WEBSITE (IF APPLICABLE) _____
CURRENT LOCATIONS (IF APPLICABLE) _____

NAME OF GUARANTOR (INDIVIDUAL WHO WILL GUARANTEE THE LICENSE OTHER THAN APPLICANT. IF THE GUARANTOR IS THE APPLICANT, WRITE "SAME" AND SKIP TO LICENSING INFORMATION) _____
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
SOCIAL SECURITY # _____ MOBILE PHONE # _____
BUSINESS PHONE _____ BUSINESS FACSIMILE _____

LICENSING INFORMATION

SPECIALTY LEASING TYPE ☐ RMU (CART) ☐ KIOSK ☐ IN-LINE ☐ VENDING ☐ DISPLAY/DEMO
☐ PARKING LOT ☐ OFFICE ☐ ALTERNATIVE INCOME

DESIRED START DATE _____ DESIRED END DATE _____ LOCATION PREFERENCE _____
ARE YOU INTERESTED IN RENTING ADDITIONAL STORAGE SPACE WITHIN THE MALL (IF AVAILABLE)? ☐ YES ☐ NO HOW MANY SQ FT? _____
WILL YOU REQUIRE MORE THAN 20 AMPS OF ELECTRICAL SERVICE ☐ YES ☐ NO HOW MANY AMPS? _____
ADDITIONAL URBAN RETAIL PROPERTIES CENTERS AND/OR REGIONAL AREAS OF INTEREST _____

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BUSINESS PLAN INFORMATION



HAVE YOU EVER BEEN A SPECIALTY RETAILER AT A SHOPPING CENTER BEFORE ☐ YES ☐ NO

IF YES, LIST CENTERS BELOW (ATTACH ADDITIONAL SHEET IF NECESSARY.)

SHOPPING CENTER/LOCATION	TERM	ANNUAL GROSS SALES
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1. _____

2. _____

3. _____

OTHER RETAIL AND/OR INTERNET BASED SALES EXPERIENCE _____

TYPE OF MERCHANDISE TO BE SOLD _____

MERCHANDISE PRICE POINTS _____ WHOLESALE PRICE (\$) _____ MARKUP (%) _____

PROJECTED MONTHLY SALES (DOLLARS) _____

PLEASE LIST YOUR MAJOR MERCHANDISE CATEGORIES AND YOUR PERCENT OF INVENTORY AND ESTIMATED PERCENT OF SALES PER CATEGORY.

OPERATING INFORMATION

ESTIMATED START-UP COST (\$) _____

HOW WILL YOU USE THIS CAPITAL _____

ESTIMATED INVENTORY (\$) _____

ESTIMATED INVENTORY TURN (____ PER ____ MONTHS) _____

WILL YOU BE WORKING AT YOUR STORE ON A REGULAR BASIS? ☐ YES ☐ NO

ESTIMATED NUMBER OF EMPLOYEES _____

ESTIMATED COST OF LABOR (\$/MONTH) _____

LIST ANY ADDITIONAL EXPENSES _____

TARGET MARKET/DEMOGRAPHIC _____

ADVERTISING _____

MISC. OPERATING DETAILS _____

OTHER REQUIREMENTS

Please note that all applications must be submitted with the following to be considered complete:

- Copy of applicant's Driver's License, State ID Card, or Passport
- Social Security Card (if doing business as an individual)
- Copy of Articles of Incorporation and/or Business License
- Copy of a recent utility bill (electric, gas, water, or telephone) that confirms street address of applicant
- Completed W-9 Form
- Provide your VantageScore 3.0 credit score from Creditkarma.com with backup
- Photos and/or samples of the product and any photos of other concept locations (if applicable).

Sample merchandise, catalogs, photographs, etc. will not be returned without including a pre-addressed envelope with postage.

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CREDIT INFORMATION



CREDIT INFORMATION TO BE HELD IN STRICT CONFIDENCE

FULL NAME OF APPLICANT _____
PERSONAL ADDRESS _____
SOCIAL SECURITY NUMBER _____
BANK NAME _____ BANK PHONE # _____
BANK ADDRESS _____
ACCOUNT # _____

LIST THREE REFERENCES (PERSONAL OR CORPORATE)

NAME	ADDRESS
1. _____	_____
2. _____	_____
3. _____	_____

HOW WILL THIS BUSINESS BE FINANCED?

FUTURE PLANS FOR YOUR BUSINESS

ADDITIONAL COMMENTS/INFORMATION

I/WE HEREBY AUTHORIZE URBAN RETAIL PROPERTIES, LLC TO VERIFY ALL INFORMATION ON THIS APPLICATION BY CONTACTING THE SOURCES LISTED HEREIN OR ANY OTHER SOURCES AVAILABLE. I/WE UNDERSTAND THAT INFORMATION THAT DOES NOT VERIFY OR CANNOT BE VERIFIED MAY RESULT IN THIS APPLICATION NOT BEING APPROVED. THE UNDERSIGNED CERTIFIES THAT THE ABOVE IS TRUE AND CORRECT. I/WE UNDERSTAND THAT THIS APPLICATION DOES NOT REPRESENT A CONTRACT WITH EXECUTABLE TERMS. NEITHER URBAN RETAIL PROPERTIES LLC OR I/WE ARE UNDER ANY OBLIGATION TO THE OTHER WITH RESPECT TO THE INFORMATION PROVIDED UNTIL A MUTUALLY ACCEPTABLE LICENSE/LEASE AGREEMENT HAS BEEN PREPARED AND EXECUTED.

APPLICANT(S)

PRINTED NAME _____	SIGNATURE _____	DATE _____
PRINTED NAME _____	SIGNATURE _____	DATE _____

PLEASE RETURN THIS FORM ALONG WITH PHOTOGRAPHS AND/OR SAMPLES

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MONROE CROSSING MALL

Specialty Leasing Program Costs*



RETAIL MERCHANDISING UNITS (RMUS/CARTS)

TERM	MINIMUM 3-MONTH TERM
BASE RENT	VARIES BASED ON LOCATION, TIMING, AND USE
PERCENTAGE RENT	15% NATURAL BREAKPOINT, COMBINED HOLIDAY TERM
SECURITY DEPOSIT	AN AMOUNT EQUAL TO TWO MONTH'S RENT

A \$50 signage fee, \$100 marketing fee, \$50 utilities/phone and trash removal are additional Licensee charges on top of base rent payable by the Licensee directly to the utility and garbage providers. Please contact the City of Monroe for electric service at 704.282.4545. The trash provider will reach out to you directly.

The following items are due PRIOR TO your setup:

- Security Deposit and first month's rent payable to Monroe Crossing Ownership, LLC in the form of a cashier's check
- Business License information may be obtained through The City of Monroe Building Dept. (704) 282-4524 or permitcenter@monroenc.org.
- Certificate of Insurance (requirements and additional insured list is attached)
- Assistance from a visual merchandiser appointed by the mall may be required at a fee of \$300.

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Specialty Leasing Program Costs*



IN-LINE STORE SPACES

TERM	MINIMUM 6-MONTH TERM PREFERRED, TERM IS NEGOTIABLE
BASE RENT	VARIES BASED ON LOCATION, SIZE, CONDITION, AND USE
PERCENTAGE RENT	10% NATURAL BREAKPOINT FOR EACH MONTH
SECURITY DEPOSIT	AN AMOUNT EQUAL TO TWO MONTH'S RENT

A \$50 signage fee, \$100 marketing fee, \$50 utilities/phone and trash removal are additional Licensee charges on top of base rent payable by the Licensee directly to the utility and garbage providers. Please contact the City of Monroe for electric service at 704.282.4545. The trash provider will reach out to you directly.

In addition to a signed Lease Agreement, the following items are due PRIOR TO your setup:

- Completion of an initial inspection by The City of Monroe Building Dept.
Inspections can be scheduled through The City of Monroe Building Dept. directly at (704) 282-4524 or permitcenter@monroenc.org.
- Security deposit (in the form of cashiers check) and certificate of insurance.
(Requirements and additional insured list is attached.)
- Storefront signage must be approved by the management office, approved drawing is then sent to the City of Monroe for approval and application of sign permit. Picture of drawing of sign including colors, materials, and dimensions must be submitted to mall office for approval PRIOR TO PRODUCTION.
- Electric is to be paid by the tenant and to be transferred into tenants name for the lease term on the day tenant signs out the keys.

In addition to the above, the following items are due prior to opening for business:

- Successful final inspection by Monroe Crossing Mall
- Business License
- First month's rent (in the form of cashiers check)

All work to be done in space including Building & Fire Department compliance items are at the sole cost of tenant.

A \$500 visual display fee may be required at the discretion of Landlord. Photos of store and window display to be furnished prior to opening.

**The costs are approximate and are subject to change without notice.*

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Insurance Requirements

Certificate of Insurance



Tenant may not open or operate without proper evidence of insurance provided in advance to the Monroe Crossing Management Office. General Liability Insurance in the amount of \$1,000,000 (RMUs and Kiosks), \$2,000,000 (In-Line), Employer's Liability of at least \$500,000 per occurrence, Workers Compensation as required by statute, and Personal Property insurance for replacement cost.

SHOWING AS ADDITIONAL INSURED

- Time Equities Inc.; Monroe Crossing Owner, LLC;
Urban Retail Properties, LLC and their respective
directors, shareholders, members, employees, and
agents are included as additional insureds as
required by written contract and/or agreement.

SHOWING AS CERTIFICATE HOLDER

- Monroe Crossing Owner, LLC
Monroe Crossing Mall
2115 W. Roosevelt Blvd.
Suite 290
Monroe, NC 28110

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