



Dear Potential Specialty Retailer,

Thank you for your interest in the Galleria Dallas Specialty Leasing program. To apply, please complete and return the attached application in order to be considered for any business opportunities at Galleria Dallas.

Once your application has been submitted, it will be reviewed. Applicants whose concepts are a good match for the mall will be contacted to set up a meeting. If you are not contacted for a meeting at this time, please be aware that your application will be kept on file in the event that an opportunity arises for your product in the future. Thank you again for your interest in Galleria Dallas.

Sincerely,

**Carla Franklin**

Specialty Leasing Representative  
P: (972) 702-7110 F: (972) 702-7130  
Carla.Franklin@simon.com

**Specialty Retailer Application**

The key to a successful business is planning. Filling out this application as completely as possible is the first step. It is important to note that approval is not given unless this form is completed and returned to the Management Office for review.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name:

\_\_\_\_\_

Company Name (if applicable)

\_\_\_\_\_

Name of Proposed Retail Concept (your store or RMU name)

\_\_\_\_\_

Federal ID# \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Home address:

Business Address:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you Eligible to work in the United States for any U.S. Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### **APPLICANT PROFILE**

Sole Proprietorship \_\_\_\_\_ LLC\* \_\_\_\_\_ Partnership\* \_\_\_\_\_ Corporation\* \_\_\_\_\_

\* State of Formation \_\_\_\_\_

List all direct and indirect owners of Application (down to natural persons or publically traded companies)

Attach and additional sheet if necessary. \_\_\_\_\_

### **PROPOSED CONCEPT:**

Please describe in detail your retail concept.

What type of space are you interested in? Cart \_\_\_\_\_ Kiosk \_\_\_\_\_ Inline store \_\_\_\_\_

(If Inline store, what is your square footage requirement: \_\_\_\_\_)

**If merchandise concept and designs are approved, what is your desired start date and term?**

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Term: \_\_\_\_\_ (3 month minimum)

**BACKGROUND:**

Have you ever been a retailer at a shopping center before? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please list centers below):

Center Name/Location	Product(s)	Monthly Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of last Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Company/Contact Person)

Have you ever been delinquent in paying rent over the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain the situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of consumer purchases your merchandise? (Average age; male/female; trendy; family oriented, etc.).

\_\_\_\_\_  
\_\_\_\_\_

Why do you feel your product concept would be successful at the Galleria Dallas?

\_\_\_\_\_  
\_\_\_\_\_

With which existing retailers in the shopping center does your product compete?

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SALES/EMPLOYEE PLAN**

A. What do you project your monthly sales to be? \$ \_\_\_\_\_

B. Will you be working your own unit/store? Yes \_\_\_\_\_ No \_\_\_\_\_

C. How many employees will be hired? \_\_\_\_\_

D. What operational costs do you anticipate for: \_\_\_\_\_

## MISCELLANEOUS

Will you utilize any special packaging for your product (logo bags, gift boxes, special labels, etc.)? If so, please identify.

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How frequently will you change out/refresh the merchandising mix (ie, weekly, monthly, other)?

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## REFERENCES

**Business References (Please list at least two business references/ contacts):**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## ATTACHMENTS

PLEASE INCLUDE THE FOLLOWING WITH THE SIGNED APPLICATION:

**PICTURES OF PROPOSED PRODUCTS (INCLUDE COLOR CATALOGS, PHOTOGRAPHS OF EXISTING STORES, AND/OR CARTS OR KIOSKS, AND SAMPLES WHERE APPLICABLE).**

*Note: Samples will be returned to you within 30 days of application receipt.*

**Applicant's execution of this Application does not in any way constitute an acceptance of Applicant for tenancy by the Galleria Dallas. This application has been executed by Applicant solely for informational purposes and confers no rights whatsoever on the part of the Applicant. The Galleria Dallas shall have the right, in its sole discretion, to accept or reject this application without any liability whatsoever**

## Credit Release Form

I hereby give my full consent to Galleria Dallas, its affiliates, agents, sub-agents or associates to request and obtain information, on my business and myself, with regard to my personal and/or business credit history, both present and past history, and any information relating to same.

This is to be used for the purpose of establishing my current and past credit position. This is for the use and review only by those owner(s) and representatives of the commercial properties I am interested in leasing.

Please complete the information below for **each** person involved in your partnership / operation.

## **Criminal and Credit Check Authorization** (Complete one per partner)

- I. I understand that investigative reports will be generated on me that will include information pertaining to my financial/credit history and criminal record history. I understand that Classic American Protection Services, on behalf of Galleria Dallas will be requesting information from public and private sources about the information noted earlier in this paragraph in connection with Galleria Dallas's consideration of entering a License Agreement with me and/or a company I am representing. I give my full consent for this information to be obtained.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.
- III. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .
- IV. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer, or insurance company contacted by Classic American Protection Services to furnish the information described in Section I.
- V. Communications with Classic American Protection Services should be directed to PO Box 353, Chapin SC 29036 or (866) 300-8524.

I have made an honest representation in responding to the question above, and do hereby certify that all information contained in the preceding pages is accurate, correct and complete.

I certify that I am eligible to work in the United States for any U.S. employer, lawfully present in the United States, and not prohibited from doing business with U.S. persons under any law or regulation. I further certify that I am able to provide documents that demonstrate my identity and work eligibility and that I will provide these documents upon request by the Galleria Dallas.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

### **PLEASE FORWARD COMPLETED APPLICATION AND REQUESTED INFORMATION TO:**

Carla Franklin  
Specialty Leasing Representative  
(972) 702-7110 – Office  
(972) 702-7130 – Fax  
Carla.Franklin@simon.com

**COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Today's Date

Print Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Maiden) \_\_\_\_\_

Other Names Used \_\_\_\_\_

**Please list last seven years of residence:**

Current Address Since: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

Current Address Since: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

Current Address Since: \_\_\_\_\_ (Mo/Yr) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Zip) \_\_\_\_\_

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes If yes, please provide city and state of conviction and details of conviction.  
\_\_\_\_\_  
\_\_\_\_\_

**FAIR CREDIT REPORTING ACT NOTICE:**

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs.

The depth of information available varies from state to state. Statures of updates are available on request. Although every effort has been made to assure accuracy, Classic American Protection Services cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. Classic American Protection Service's policy requires purchasers of these reports to have signed a Service Agreement. This assures Classic American Protection Services that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports.

If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact Classic American Protection Services.

**NOTICE TO CALIFORNIA CANDIDATES**

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by **Galleria Mall Investors, L.P.** by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the matter investigated. I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Classic American Protection Services during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Classic American Protection Services in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Form **W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b>	Business name/disregarded entity name, if different from above	
<b>3</b>	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
<b>5</b>	Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b>	City, state, and ZIP code	
<b>7</b>	List account number(s) here (optional)	

Print or type.  
See Specific instructions on page 3.

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>OR</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*