



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,

Cory Mann

Specialty Leasing Representative
P: (972) 702-7110 F: (972) 702-7130
Cmann@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

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



Cory Mann

Specialty Leasing Representative
(972) 702-7110 – Office
(972) 702-7130 – Fax
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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.

GALLERIA DALLAS

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. Statuses 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 **(INSERT COMPANY NAME)** 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. August 2013)
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.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number		
[] [] [] - [] [] []		[] [] [] [] [] []

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number		
[] [] - [] [] [] [] [] [] [] []		

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 on page 3.

Sign Here	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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

GALLERIA DALLAS

13350 Dallas Parkway, Suite 3080, Dallas, Texas 75240
972.702.7110 (Phone) 972.702.7130 (Fax)