

# Aberdeen Mall Specialty Leasing Application Form

Please send completed form to:  
Brynn Gise, Director of Marketing & Specialty Leasing  
T: 250-314-6257 F: 250-374-6176  
Brynn.gise@cushwake.com

**Type of Rental:**       MRU/Cart                       Temporary Kiosk  
                                  Temporary Store                       Promotion/Marketing

**Application Date:** \_\_\_\_\_

**Legal Company Name:** \_\_\_\_\_

**Product Name:** \_\_\_\_\_

**Product Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Tel/Fax:**      Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Home Tel/Fax:**      Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Email address and Website:** \_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_

**Requested End Date:** \_\_\_\_\_

**Retail/Business Background:** \_\_\_\_\_

\_\_\_\_\_

**Reference Names and Phone numbers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Business plan required when submitting this form.*