

ST. VITAL CENTRE

SPECIALTY LEASING APPLICATION

Date:	
Tenant Legal Name:	
Tenant Trade Name:	
Tenant Legal Address:	
Home Address:	
Contact Person:	
Telephone Number:	
Cell Number:	
Home Number:	
Fax Number:	
e-mail address:	
Length of Time in Business and Existing Retail Operations:	
GST Number:	
Description of Merchandising Concept:	
Merchandising Plans/ Photos/ Sketches to be included:	A detailed sketch of cart layout, merchandising plans or photos, must accompany this application.
Dates Requested:	
Description of Products to be featured:	
Additional Fixtures/Props to be used:	
Description of Packaging:	
Return Policy:	
Target Market:	
Projected Sales per Week:	
Price Points:	

Forward Completed Form to:

St. Vital Centre Administration Office, 86-1225 St. Mary's Road, Winnipeg, MB, R2M 5E5 or fax to (204) 257-2311 or e-mail cindy.shack@cushwake.com