

RETAIL LEASING ADVISORS, LLC

Business Information Form

Shopping Center:

Trade Name:

PROPOSED OPERATION

1. Type of business: _____
2. General merchandise to be sold: _____
3. Services to be provided: _____
4. Ideal size (SF): _____
5. Est. number of employees: _____
6. Hours of operation: _____
7. Do you have a marketing plan? Attached: Yes / No
8. Is this an existing business?, a relocation?
Number of existing locations: _____
Number of years in business: _____
Annual Sales (per store): _____
Please attach pictures: Attached: Yes / No

LOCATION/REAL ESTATE

9. Who is your target customer and demographics? _____
10. Why have you chosen this location? _____
11. Have you ever leased retail space before?
If yes, please provide Landlord name and phone number: _____
12. Have you ever filed a law suit against a previous Landlord?
If yes, please explain: _____

START-UP COSTS

13. Projected cost of:
Business fixtures and equipment: _____
Installation of fixtures and equipment: _____
Remodeling & decorating: _____
Signage: _____
Starting inventory cost: _____
Office supplies: _____
Prepaid rent and security Deposit: _____
Deposits with public utilities: _____
Legal and professional fees: _____
Licenses and permits: _____
Insurance: _____
Advertising for opening: _____
Cash: _____
Wages (for training, etc.) _____
Unexpected cost: _____
TOTAL OPENING EXPENSES: _____

14. How do you plan to finance this business? _____
15. If obtaining a loan, have you made a loan application?
Status of approval? _____
16. How much cash have you allocated to start this business? _____

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PROJECTED INCOME (YEAR 1)

17. Income statement:

Gross sales: _____
Cost of goods sold: _____
Gross Profit (GS - CGS): _____

Expenses:
Salary of owner-manager: _____
All other salaries and wages: _____
Payroll taxes and expense: _____
Sales and use taxes: _____
Lease expense: _____
Advertising: _____
Delivery expense: _____
Office supplies: _____
Telephone: _____
Other utilities: _____
Insurance: _____
Repairs and maintenance: _____
Legal and accounting: _____
Credit card fees (typically 3%): _____
Organization/membership dues: _____
Other: _____
Total expenses: _____

Net Operating Income (GP - total expenses): _____