

WOODGROVE CENTRE LEASING APPLICATION



Legal Business Name: _____ Business Operating Name : _____

Type of Business: **Sole Proprietorship** **Partnership** **Corporation** **Other**

Contact person: _____ Contact phone: _____ Cell phone: _____

Mailing Address: _____ Email: _____

Signatory (if different): : _____ Title: _____ E-mail: _____

Merchandise and products (please list all products and brands you will sell or promote):

INTEREST: **Retail Cart** **Kiosk Store** **Promotional Display** **Centre Court Display** **Event Sponsorship** **Advertising**

Requested open date: _____ Requested Length of Term: _____

Shopping Centre Experience: _____

Business Reference 1:

Name: _____ Title: _____

Phone: _____ Email: _____

Business Reference 2:

Name: _____ Title: _____

Phone: _____ Email: _____