



CENTRAL WALK

WOODGROVE CENTRE LEASING APPLICATION

Legal Business Name: _____

Business Operating Name: _____

Type of Business: Sole Proprietorship Partnership
 Corporation Other

Contact Person: _____ **Contact Phone:** _____

Mailing Address: _____

Signatory(if different): _____

Title: _____ **Email:** _____

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

Interest: Retail Cart Kiosk In-line store

Requested Opening Date: _____

Shopping Centre Experience: _____

Business Reference 1:

Name: _____

Title: _____

Phone: _____

Email: _____

Business Reference 2:

Name: _____

Title: _____

Phone: _____

Email: _____

All fields required.

Return application to **Yi Jiang, Assistant Leasing Manager** Phone: 250-740-3553 Email: yi.jiang@centralwalk.com