

PARK ROYAL

Park Royal Shopping Centre
 Specialty Leasing Application Form
 Please complete form and email, or mail to:
 2002 Park Royal South
 West Vancouver, BC V7T 2W4
 T: 604-922-3211 E: info@parkroyal.ca

* This is the first step to the selections process and requires you complete this form in full and return it to the Park Royal Management Office. If your product is suitable for the Centre, you will be contacted by Karin Alleyne to discuss the opportunities available for your business.

Application Date: _____

Personal Information	
Contact Name	
E-mail Address	
Phone Number	
Business Information	
Legal Company Name	
Operating Name	
Company Address	
Business Phone	
Business Fax	
Website	
Type of Rental Desired	Cart _____ Kiosk _____ Inline _____
Requested Start and End Date	Start _____ End _____
Product Description (Please be detailed)	
Phone Line Required	Yes _____ No _____
If Available Do You Require Storage at Additional Cost?	Yes _____ No _____
Shopping Centre Business Experience	
Have you had a retail business in a Shopping Centre?	Yes _____ No _____
If so please list the location & dates	
What type of business did you have?	Cart _____ Kiosk _____ Inline _____

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Projected Sales	
What are your projected Sales for this mall?	
What is the average price point of your product.	
References	Please list references that can be contacted.
Name	
Phone number	
Name	
Phone number	

Please return this application along with photographs, business plans, or other material that reflects your business.