



### **What is Specialty Retail?**

Over the years the retail industry has embraced this program which has proven successful all year round. They started with a dream, a vision, or an idea and grew their very own business, in one of our Moonbeam Properties through the Specialty Leasing Program. You too can become part of this dynamic industry with low start up costs and minimal risk in a very short amount of time. Moonbeam Properties provides you with a state of the art unit located within the common area of our centers located throughout the United States. We can help you in all areas of starting your own business, such as, business planning, merchandise selection, and visual merchandising.

### **Getting Started**

Moonbeam Properties partners with more specialty retailers a year and can provide you with several tools to assist you in building your own business and cultivating your dreams in one of our shopping centers. Moonbeam Properties offers retail experience both at the shopping center level and corporate level. Our size, national presence and corporate support offers you decades of experience for your new business venture.

- **Rates:**  
License fees for the carts and kiosk and inline stores vary on location, length of term and products. Please call for more information.
- **Insurance Requirements:**  
An insurance certificate is required prior to opening your business. General Liability, Employers Liability, and Worker's Comp are necessary.
- **Required Permits:**  
All retailers are required to have a Business License for City of Ocoee, Orange County
- **Specialty Leasing Process:**  
After we receive your initial merchant information form, we will work with you to establish products, locations, rates and other details. Your application will then be submitted for approval. Once approved, the deposit, fees and signed paperwork will need to be finalized

\*Please note: The above Specialty Leasing information is subject to change and is not to be construed as an obligation by either party to enter into a binding agreement.

## **New Business Information**

The Licensee is responsible for securing all business and/or tax licenses that are required by local, state or federal law.

### **Important Numbers**

<b>Duluth Post Office</b>	800-275-8777
<b>City of Duluth Occupational License</b>	770-265-5582
<b>Gwinnett County Occupational License</b>	770-822-8000

Any food uses or food sampling must be pre-approved by the Georgia Department of Health and they can be reached at 404-657-2700

### **Other Local resources for Inline Spaces:**

**Locksmith Services** - Lock South 1845 Old Peachtree Road, Lawrenceville, GA 30043  
(770) 995-7454

All Inline spaces will be charged a monthly/sewer charge-adjusted at year end to actual use.

### **To take possession of space:**

- Signed Executed Agreement
- Copy of Driver's License/Social Security Card
- Power turned over into tenant's name
- Certificate of Insurance with Gwinnett Place Mall GA LLC added as additional insured
- Security Deposit

### **Prior to opening for business:**

- Store front sign proof submitted for approval and installed
- Copies of Occupational License
- Copy of approved passed Health Inspection for food court tenants
- First month's rent
- Completed Emergency contact form

## Specialty Leasing Application Gwinnett Place Mall

*This is for informational purposes only and is not to be considered in any way a commitment to enter into a License Agreement with the applicant.*

Interested In: \_\_\_\_\_ In-Line: Size required: \_\_\_\_\_ Square Feet: \_\_\_\_\_ RMU/Cart \_\_\_\_\_  
KIOSK (10x10 MAX) \_\_\_\_\_

Tenant Legal Name: \_\_\_\_\_

Business Trade Name / DBA: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Items to be sold (please be specific): \_\_\_\_\_  
\_\_\_\_\_

Range of product prices: \_\_\_\_\_

Desired term (include earliest start date): \_\_\_\_\_

Projected monthly sales: \_\_\_\_\_

Referred by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*All rent must be paid with certified funds or money orders\*\*  
Return To:  
Gwinnett Place Mall  
Management Office  
Gwinnett Place Mall Office: (770) 813-6840 Fax: (770) 476-9355

**Standard Certificate of Insurance Requirements**

**GWINNETT PLACE MALL  
2100 PLEASANT HILL ROAD, SUITE 250  
DULUTH, GA 30096**

**General Liability:** \$2,000,000 Occurrence / \$2,000,000 Aggregate  
\$1,000,000 Products Comp / Op Aggregate  
\$1,000,000 Personal & Advertising Injury  
\$ 50,000 Fire Legal Liability  
**Include Waiver of Subrogation**

**Automobile Liability:** \$1,000,000 Combined Single Limit

**Workers' Compensation:** Statutory  
**Employers' Liability:** \$500,000 Each Accident  
\$500,000 Disease, Policy Limit  
\$500,000 Disease, Each Employee

**Property:** Special Form Perils ("All Risk")  
Improvements & Betterments  
Business Income  
Replacement Cost  
**Include Waiver of Subrogation**

**Cancellation Clause:** 10 Days Notice

The following must be stricken from the cancellation wording "Endeavor to... but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives."

**OR**

If this is not possible, must provide an Additional Insured Endorsement specifically naming the above entities to policies.

Please reference **the Store / Brand Name** and **Store Number** for identification purposes.

**MOIs and Faxes will not be accepted.**

Additional Insured: **Gwinnett Place Mall GA LLC, Gwinnett Place Mall MGMT LLC, Moonbeam Equities IX LLC and its employees, beneficiaries and agents.**

**AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_, I (we) irrevocably authorize Moonbeam Capital Investments, LLC and their authorized agents and employees (herein referred to as MCI, LLC) to obtain from any credit reporting agency all records, histories, summaries, reports, investigations and any other information (all herein referred to as Information) pertaining to my (our) personal credit history including matters for which I am (or we are or have been individually or jointly responsible as guarantor).

I (we) hereby forever release, remise and discharge MCI, LLC from any claims, suits, liabilities, actions or causes of action, contracts or warranties which may arise directly or indirectly, remotely or proximately from MCI, LLC use or obtaining any of the foregoing Information. However, it cannot provide or show me a copy of any Information obtained nor can it discuss any specific information or items. MCI, LLC shall use all reasonable efforts to maintain the confidentiality of all Information received in accordance with this Authorization. A copy of this authorization shall be as valid and binding as the original. I (we) have read and executed this Authorization on the date first above recited.

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

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(2<sup>ND</sup> PARTY)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Current Residential Address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

## PERSONAL FINANCIAL STATEMENT

I make the following statement of all my individually owned assets and liabilities as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and furnish other material information for the purpose of obtaining credit with you on instruments bearing my signature, endorsement, and guarantee, and agree to notify you promptly of any change affecting my ability to pay.

ASSETS	LIABILITIES AND NET WORTH
1. <b>CASH</b> ON HAND AND UNRESTRICTED IN BANKS: \$	16. <b>NOTES PAYABLE TO BANKS, UNSECURED:</b> \$
2. <b>US SECURITIES (GUARANTEED)</b> \$	17. <b>NOTES PAYABLE TO BANKS, SECURED:</b> \$
3. <b>GOVERNMENT AGENCIES SECURITIES:</b> \$	18. <b>NOTES RECEIVABLE-DISCOUNTED</b> WITH BANKS, FINANCE COMPANIES, ETC: \$
4. <b>ACCOUNTS &amp; LOANS RECEIVABLE:</b> \$	19. <b>NOTES PAYABLE TO OTHERS-UNSECURED:</b> \$
5. <b>NOTES RECEIVABLE-NOT DISCOUNTED:</b> \$	20. <b>NOTES PAYABLE TO OTHERS-SECURED:</b> \$
6. <b>NOTES RECEIVABLE-DISCOUNTED:</b> \$	21. <b>LOANS AGAINST LIFE INSURANCE:</b> \$
7. <b>LIFE INSURANCE-CASH SURRENDER VALUE:</b> \$	22. <b>ACCOUNTS PAYABLE:</b> \$
8. <b>STOCK &amp; SECURITIES OTHER THAN GUARANTEED</b> US GOV'T AND GOV'T AGENCIES: \$	23. <b>INTEREST PAYABLE:</b> \$
9. <b>REAL ESTATE</b> REGISTERED IN OWN NAME: \$	24. <b>TAXES &amp; ASSESSMENTS PAYABLE:</b> \$
10. <b>AUTOMOBILES</b> REGISTERED IN OWN NAME: \$	25. <b>MORTGAGE PAYABLE ON REAL ESTATE:</b> \$
11. <b>OTHER ASSETS:</b> \$	26. <b>BROKERS MARGIN ACCOUNTS:</b> \$
12. <b>SUBTOTAL:</b> \$	27. <b>TOTAL LIABILITIES:</b> \$
13. <b>LESS LINE NUMBER 31:</b> \$	28. <b>NET WORTH FROM LINE 14:</b> \$
14. <b>NET WORTH (TO BE SHOWN ON LINE 33):</b> \$	29. <b>TOTAL LIABILITIES &amp; NET WORTH</b> LINE 27 PLUS LINE 28: \$
15. <b>TOTAL ASSETS:</b> \$	

SOURCE OF INCOME	PERSONAL INFORMATION
SALARY	Business or Occupation <span style="float: right;">Age</span>
BONUS & COMMISSION	
DIVIDENDS	
REAL ESTATE INCOME	
ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION	Partner or officer in any other venture
Other income: \$	
<b>TOTAL INCOME:</b> \$	<b>GENERAL INFORMATION</b>
<b>CONTINGENT LIABILITIES</b>	Are any assets pledged? <span style="float: right;">To Whom?</span>
As endorser, co-maker, or guarantor	Are you a defendant in any suits or legal actions?
On leases or contracts	Are there any unsatisfied judgments against you?
Legal claims	If yes, to whom?
Provision for Federal Income Taxes	Have you been declared bankrupt in the last 14 years?
Other Special Debt	If yes, explain?

SUPPLEMENTARY SCHEDULES			
<b>No. 1 Banking Relations</b> (A list of all my bank accounts including savings ad loans)			
Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

<b>No. 2 Accounts, Loans and Notes Receivable (A list of the largest amounts owing to me)</b>					
Name and Address of Debtor	Amount Owing	Age of Debt	Dates Payment Expected	Description/Nature of Debt	Description of Security Held

<b>No. 3 Life Insurance (Attach schedule if necessary)</b>						
Owner of Policy	Name of Beneficiary	Name of Ins. Co.	Face of Policy	Total Cash Surrender Value	Title Loans on Policy	Policy Assigned

<b>No. 4 Stocks &amp; Bonds (Attach schedule if necessary)</b>					
Face value of # of Shares	Description of Security	Registered in Name of	Original Cost	Present Market Value	To Whom Pledged

<b>No. 5 Real Estate (Attach schedule if necessary)</b>						
Description or Street #	Title in Name of	Mortgages or Liens	Amount Payments	Original Cost	Present Market Value	Taxes Current?

<b>No. 6 Jointly Owned Property - Details of summary on front page (Attach schedule if necessary)</b>		
Assets	Value	Name of Joint Tenant
	\$	
	\$	
	\$	
	\$	
	\$	

These statements are delivered to Moonbeam Capital Investments, LLC to induce credit from time to time and/or to continue its present extension of credit, at its discretion, to the undersigned. The undersigned hereby certifies that these statements are correct and complete and accurately reflect the condition and affairs of the undersigned at the date and for the period(s) stated and that said statements reflect all known liabilities, direct or contingent, as of the date hereof.

The undersigned also represents and warrants that to his knowledge there has to date been no material adverse charge in the conditions or affairs of undersigned from the date of said statements.

The undersigned does hereby request and warrant that local title to all property herein described or referred to, excepting only jointly owned property, as separately scheduled herein as such, is in the sole name of the undersigned. Every person who is a party to the statement agrees that his/her separate property listed herein or herein referred to and property or interests into which property listed herein or herein referred to is converted or re-converted, including his/her interest in property jointly, by entirety or in common with another party to this statement, shall be available to the bank for payment of all indebtedness or other obligations of the parties making this statement, or either of them, either voluntary or involuntary by levy of execution or otherwise.

Moonbeam Capital Investments, LLC is authorized to make all inquires deemed necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned. Each of the undersigned authorize the bank to answer questions about his credit experience with the undersigned.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**TENANT INFORMATION FORM**

**GENERAL**

Trade Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Name of Contact(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (H) \_\_\_\_\_

(F) \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Proposed Use of Premises: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (W) \_\_\_\_\_ (F) \_\_\_\_\_

**EXISTING OPERATION**

Number of Stores: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Location(s): \_\_\_\_\_

Average Size: \_\_\_\_\_ SF Total Sales: \$ \_\_\_\_\_

Average Sales Per Store: \$ \_\_\_\_\_ Average Sales Per SF: \$ \_\_\_\_\_

Previous Operating Expense: \_\_\_\_\_

**PROPOSED OPERATION**

Projected Annual sales: \$ \_\_\_\_\_

Projected Sales Per SF: \$ \_\_\_\_\_

Proposed Cost of Fixtures and Inventory: \$ \_\_\_\_\_

General Comments: \_\_\_\_\_

Anticipated Opening Date: \_\_\_\_\_

Anticipated Date of Possession of Premises: \_\_\_\_\_

Anticipated Lease Execution Date: \_\_\_\_\_



**TENANT APPLICATION**  
**Personal Profile**

**PERSONAL INFORMATION:**

Name of Individual		Social Security #	
Address		Date of Birth	
City	State	Zip	Years at this Address
Home Phone Number	Work Phone Number	Cell Phone Number	

**BUSINESS INFORMATION:**

Name of Business	Type of Business	Years in Business
Current Location(s)		

**OWNERSHIP:**

\_\_\_\_\_ Corporation \_\_\_\_\_ Years Incorporated \_\_\_\_\_ State  
\_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Name of Co-Signer		Social Security #	
Address		Date of Birth	
City	State	Zip	Years at this Address
Home Phone Number	Work Phone Number	Cell Phone Number	

**BANK REFERENCES:**

Name of Bank		Contact Name	
Address			
City	State	Zip	Years Affiliated

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Phone Number

Account #

OTHER FINANCIAL INSTITUTIONS:

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Name of Bank

Contact Name

---

Address

---

City

State

Zip

Years Affiliated

---

Phone Number

Account #

LANDLORD REFERENCES:

---

(1) Contact Name

---

Address

---

City

State

Zip

Years Affiliated

---

Phone Number

---

(2) Contact Name

---

Address

---

City

State

Zip

Years Affiliated

---

Phone Number

VENDOR REFERENCES:

---

(1) Business Name

Contact Name

---

Address

---

City State Zip Years Affiliated

---

Phone Number

---

(2) Business Name Contact Name

---

Address

---

City State Zip Years Affiliated

---

Phone Number

PERSONAL REFERENCES:

---

(1) Name

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Address

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City State Zip Years Affiliated

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Phone Number

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(2) Name

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Address

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City State Zip Years Affiliated

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Phone Number