



**APPLICATION FOR TEMPORARY POP-UP LEASE FOR**

**theSHOP @theCrossroads Carmel**

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

Desired Term (Check only one) : \_\_\_\_\_ 3-Day (Fri-Sun) \_\_\_\_\_ 1 Week \_\_\_\_\_ 2 Weeks

Please list requested dates: \_\_\_\_\_ \*\*subject to availability and cannot be sooner than one week following the date application is submitted to The Crossroads Carmel. Requested dates cannot be guaranteed.

**APPLICANT PROFILE**

Legal Name of Applicant:

\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

(Company Name or your individual name)

Contact Name:

\_\_\_\_\_

(If different than above Legal Name of Applicant)

**BUSINESS ENTITY TYPE**

(circle one)    Sole Proprietorship    L.L.C\*    Partnership\*    Corporation\*

\*State of Formation: \_\_\_\_\_

Trade Name/Business Name/dba: \_\_\_\_\_

Home Address:

\_\_\_\_\_

Business Address:

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Fed Tax ID#: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

List Names of All Owners of the Business: \_\_\_\_\_

The completion of this application is strictly voluntary and is for informational purposes only. Submission of application does not create any obligation to negotiate or enter into a legal binding agreement.



**PROPOSED CONCEPT**

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NOTE: Please include with this application:

- Pictures of proposed store layout/concepts/products
- Pictures of any previous pop up stores you have operated
- Samples of proposed concepts/products (if applicable)
- Any other information about your proposed business that you would like us to review

**EXPERIENCES / REFERENCES**

Have you ever opened a business in a shopping center or space? Yes    No

If YES, please complete below listing most recent first:

Shopping Center/Landlord  
Name, City & State:

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What did you sell?

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Reference Contact Info  
(mobile or office numbers)

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I have read and understand the Rules & Regulations for the Temporary Pop Up Lease Program. In addition, by signing this application, I give The Crossroads Carmel permission to run necessary credit checks.

Print Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Date

Signature of Applicant: \_\_\_\_\_

**\*\*An incomplete application and/or failure to submit information as requested will be denied.**

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*If you prefer a printed form, please download, print and email your completed application to [AmberQ@PacTrust.com](mailto:AmberQ@PacTrust.com)*

**SUBMIT**