



WESTSIDE MARKET MERCHANT APPLICATION

Contact Information

(Please Print Clearly)

Applicant Name: _____
Applicant Address: _____
Business Name: _____ Tax ID#: _____
Business Telephone: _____ Cell Number: _____
Email Address: _____ Web Address: _____

Business References

Reference Name: _____
Street Address: _____
City/State/Zip: _____
Telephone: _____ Email: _____

Reference Name: _____
Street Address: _____
City/State/Zip: _____
Telephone: _____ Email: _____

Please describe your inventory in detail: (Please attach photographs) _____

Is any of your inventory new? Y/N If yes, what percentage? _____

Do you show now or have you shown at other locations?

Current Store/Show Name: _____ City/State: _____

Store/Show Name: _____ City/State: _____

Prior Store/Show Name: _____ City/State: _____

Store/Show Name: _____ City/State: _____

Leasing Information

How did you hear about us? _____

How much space are you considering? _____ SQ FT Target Move-In Date: _____