



RETAIL LEASE APPLICATION

General Information

Primary Contact Name: _____

Social Security Number: ____ - ____ - ____

Date of Birth: ____/____/____
Month Day Year

Address: _____

City: _____ State _____ ZIP Code _____

Contact Phone: (____) _____ Mobile Phone: (____) _____

E-Mail Address: _____

Business Information

Name of Business: _____

Type of Entity: _____

Primary Business Address: _____
(If different from above)

City: _____ State _____ ZIP Code _____

Main Office Phone: (____) _____

Web-Site Address (URL): _____

Current Business Location(s):

Current Landlord(s) Contact Information:

Name: _____

Contact Number: (____) _____

Name: _____

Contact Number: (____) _____

Please list on a separate document all business owners (shareholders, members, or partners), including full name, home address, home phone, daytime phone, mobile phone, e-mail address, date of birth, and social security number.

Business Plan

- ❖ *Executive Summary*
Concise summary of the business purpose that will include the essentials of the business plan, who owns and runs the business, what is the product/service, where the existing locations are and are they still in operation, your reasons for locating the business at Tamarack, and prior history of owning/operating a business.
- ❖ *Description of Concept for Business at Tamarack Village Plaza*
Brief narrative of how your concept and business can be differentiated from other similar business endeavors, comprehensive list of types of merchandise to be sold; retail concept, business identity, theme.
- ❖ *Projected Operating Pro Forma*
Projected monthly pro forma over the first three years of the lease showing income by major product categories, product costs, expenses categorized in major groups, operating margins and net profit. Planned number of employees is to be indicated.
- ❖ *Space Outfitting*
Describe the improvements that you intend to do to the space with a list of equipment planned and approximate budget.
- ❖ *Lifestyle Information*
Operating a business at Tamarack Village Plaza requires a desire to maintain a certain lifestyle. Provide a brief narrative sharing your daily life and how you feel operating a business at Tamarack Resort would enhance your way of life.
- ❖ *Management*
List names of key personnel, detailing their experience in industry and in management.

Financial Statements

- ❖ *Personal Financials*
Please provide current personal financial statements of all of the business owners.
- ❖ *Business Financials*
Please provide a current financial statement, balance sheet, and income statement for your existing business.

Bank References

- 1. Financial Institution: _____
Contact Person: _____
Address: _____
City: _____ State _____ ZIP Code _____
Contact Phone: (_____) _____
Mobile Phone: (_____) _____
E-Mail Address: _____
- 2. Financial Institution: _____
Contact Person: _____
Address: _____
City: _____ State _____ ZIP Code _____
Contact Phone: (_____) _____
Mobile Phone: (_____) _____
E-Mail Address: _____

Business References

- 1. Name: _____ Business Relationship: _____
Address: _____
City: _____ State _____ ZIP Code _____
Contact Phone: (_____) _____ Mobile Phone: (_____) _____
- 2. Name: _____ Business Relationship: _____
Address: _____
City: _____ State _____ ZIP Code _____
Contact Phone: (_____) _____ Mobile Phone: (_____) _____

General Information

Currently under the governing documents of Tamarack Resort Association, Inc. (TRA)—the property owners’ association for the resort area—there is a 5% Civic Assessment assessed on all sales that have Idaho Sales Tax assessed, among other fees. This assessment contributes to the budget of the Tamarack Municipal Association, which maintains the common areas of Tamarack. The main assessment of the Tamarack Village Association is based on the assessed value of each home or business located at Tamarack.

Application Submission

Please return this application, the application deposit fee (set out below), and any additional information you would like to provide for consideration of your proposal for a lease space in Tamarack Village Plaza. Additional information may include brochures of your products and photos of your business. Your application will be reviewed by the Tamarack Village Plaza Executive Committee within 60 days of receipt of the completed application and deposit. If you are not selected as to operate a business in Tamarack Village, your application will automatically be canceled and the deposit will be mailed to primary address listed on this application.

The application deposit fee due with this application is:

- (1) Restaurant \$20,000
- (2) Coffee House \$10,000
- (3) Boutique\Gallery \$5,000

The undersigned acknowledge that they are providing this financial information for the purpose of establishing, among other things, a credit rating in order to be considered to lease retail space at Tamarack Village Plaza. The undersigned acknowledge that Tamarack is relying on the information provided within this statement in deciding if your financial status will support an ongoing retail business at Tamarack. The undersigned certify that this information is true and complete, and Tamarack is authorized to make inquiries with banks, credit unions, listed references, and other financial institutions to verify the accuracy of this statement and to determine the undersigned’s creditworthiness.

Please submit application and application deposit fee to:

Tamarack Resort LLC
 Attn: David Papiez
 311 Village Drive, PMB 3026
 Tamarack, Idaho 83615
 Facsimile: 208.325.1967

Applicant:

Dated: _____

Applicant Signature

Print Name and Title

Entity Name