APPLICATION

Washington Dulles International Airport
Food/Beverage and Retail Program

Please complete the following application in its entirety. Prospective merchants may also include pictures or other relevant information to help us evaluate your business for our retail program.

Date: _____

Proposed Store Name: _____

Company Name & Owner:

_____

Company Address:

_____

_____

_____

Contact Name: _____

Business Telephone: _____

Mobile Telephone: _____

Fax Number: _____

Email Address: _____

Brief Description of Business:

_____

_____

_____

_____

Current # of Employees:

Full Time: _____

Part Time: _____

Are you ACDBE Certified? _____

What state (s) are you certified in?

_____

_____

Type of Space Required:

Kiosk: _____ **Cart:** _____ **In-line:** _____

Special Requirements / Utility Requirements – Please describe any special needs for utility or storage, i.e. specific electric, water, sewer, gas, and ventilation requirements:

_____

_____

_____

Are you currently or have you been a vendor at other mall or airport locations?

Yes: _____ **No:** _____

Current Locations (please limit to three (3) examples, preferably in the local area):

Location 1:

Address:

_____

_____

_____

Contact Person: **Telephone Number:**

_____ _____

Annual Sales Volume: _____

Location 2:

Address:

_____

_____

_____

Contact Person: **Telephone Number:**

_____ _____

Annual Sales Volume: _____

Location 3:

Address:

_____

_____

_____

Contact Person: **Telephone Number:**

_____ _____

Annual Sales Volume: _____

This application is for informational purposes only and is not to be construed in any way as a commitment to enter into a Leasing Agreement with the applicant.

Please return the application to:
MarketPlace Development, Inc.
Ronald Reagan Washington National Airport
Terminal A, Suite 282
Washington, DC 20001
Attn: Susan Drury
Fax: 703-417-1575
email:dcleasing@marketplacedev.com

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A NEW ENGLAND DEVELOPMENT Company