## **APPLICATION**

## Philadelphia International Airport Food/Beverage and Retail Program

Please complete the following application in its entirety. Prospective merchants may also <u>include pictures or other relevant information</u> 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	f Employees:	Are you ACDBE Certified?
Full Time		What state (s) are you certified in?
Part Time	e:	
		-
Type of Space	ce Required:	
Kiosk:	Pushcart:	In-line:
	orage, i.e. specific electric,	ements – Please describe any special needs for water, sewer, gas, and ventilation
Are you cur	rently or have you been a v	vendor at other mall or airport locations?
Ū	ŭ ŭ	cindor at other man or airport rocations.
Yes:	No:	
<b>Current Loc</b>	ations (please limit to thre	ee (3) examples, preferably in the local area):
Location 1:		
Address:		
Contact P	erson:	Telephone Number:
		_
Annual Sa	ales Volume:	·
<b>Location 2</b> :		
Address:		
riddi ess.		
Contact P	erson:	Telephone Number:
		•
		<u> </u>
Annual Sa	ales Volume	

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: Leasing Manager MarketPlace PHL, LLC Philadelphia International Airport Terminal E, Upper Level Philadelphia, PA 19153

Telephone: 215-937-1200 Facsimile: 215-937-1206

Email: leasing@philamarketplace.com

