

Prospective Tenant Questionnaire

Name of Tenant: _____

Business Name: _____

Type of Business: _____

What Kind of Services/Products do You Provide? _____

Current Business Location: _____

Why are You Leaving Current Location? _____

How Long has the Business Been in Operation? _____

How Many Years of Experience do You have in Your Industry? _____

Is this a Seasonal Business? YES NO

Would Clearview Center be the Business's sole location? YES NO

If no, Where are the Other Business Locations? _____

Is the Business able to Operate in Coordination with Shopping Center Hours of Operation of Mon-Sat 10am – 8pm & Sundays 12pm – 6pm (with fluctuating Holiday Hours)? _____

Which of the following Retail Spaces are You Interested in? Cart Kiosk In-Line Space

If In-Line Space, How Many Square Feet Will You Need? _____

How Long of a Lease Term are You Interested In? _____

What is the Anticipated Opening Date for the Business? _____

Will You Consent to a Credit and/or Background Check? YES NO

Contact Number: _____

E-mail Address: _____

