



SPECIALTY LICENSE APPLICATION FORM

1. Applicant details: _____

a. Name of Applicant: _____

b. Designation: _____

c. Company: _____

d. Address: P.O. Box _____ City: _____ Emirate/ Country: _____

e. Telephone: _____ Fax: _____

f. Mobile: _____ Email ad: _____

g. Website: _____

2. Type of Promotion/ Business: _____

3. Duration: From: _____ **To:** _____

4. Space Requirements:

a. Minimum: _____ square feet b. Maximum: _____ square feet

b. Other requirements: _____

5. Retail Business Experience:

a. Have you had similar activities in a shopping centre before? **YES** _____ **NO** _____

b. Briefly explain your retail concept, business identity and/or theme: _____

(Please attach pictures and/or brochures, floor plan indicating dimensions or 3D presentation of desired unit to the application)

6. Please attach the following documents:

- Company Profile
- Concept Profile/ Brand Profile (a brief outline of your proposed business)
- Product Range
- Trade License Copy

Please note that the application will be considered **INCOMPLETE** without the above attachments.

Please return this application along with any additional information you would like to submit in consideration of your proposal for a specialty leasing location at Dubai Outlet Mall to leasing@dubaioutletmall.com.

Signature: _____

Date: _____

Printed NAME: _____

Without prejudice, there is no obligation on the Landlord's part to accept this application.