



**RETAIL THERAPY
APPLICATION**

First Name: _____

Last Name: _____

Company Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

E-Mail Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Fax Number: _____

Short Description of Concept for Publishing on OnMilwaukee.com: _____

Please attach a copy of this application to your business plan for accurate submittal.

I, the undersigned, have read and accept the rules and regulations of RETAIL THERAPY. By signing below, I understand that I am entering a contest for free base rent at The Shops of Grand Avenue. Upon acceptance of the Grand Prize for RETAIL THERAPY, I understand that I will be obligated to enter into a two (2) year standard License Agreement with The Shops of Grand Avenue with the first year's base rent being waived and the second year's base rent consisting of eight percent (8%) of the previous year's annual sales.

Applicant Signature Date

Print Name