

## 16<sup>TH</sup> STREET MALL LICENSEE APPLICATION/BUSINESS PLAN

THIS IS AN APPLICATION FOR <u>CONSIDERATION</u> OF A TEMPORARY REVOCABLE LICENSE AGREEMENT (AGREEMENT). THE COMPLETION AND SUBMITTAL OF THIS APPLICATION AND/OR THE PAYMENT OF A FEE WITH THIS APPLICATION DOES NOT GRANT ANY RIGHTS TO THE APPLICANT AND DOES NOT GRANT, RESERVE, PRIORITIZE, ALLOCATE, PROMISE, WARRANT OR GUARANTEE THAT AN AGREEMENT MAY BE GIVEN BY THE DOWNTOWN DENVER BUSINESS IMPROVEMENT DISTRICT (LICENSOR). THE DATE OF FILING THIS APPLICATION HAS NO SIGNIFICANCE IN WHETHER THE APPLICATION WILL BE APPROVED OR DENIED.

THE APPLICATION IS TO BE COMPLETED BY EACH INDIVIDUAL APPLICANT, A GENERAL PARTNER OF A PARTNERSHIP, AN OFFICER OR DIRECTOR OF A CORPORATION, OR A MANAGING MEMBER OF A LIMITED LIABILITY COMPANY. INCOMPLETE OR ILLEGIBLE APPLICATIONS MAY NOT BE REVIEWED OR CONSIDERED.

## **Applicant Information** Name of Individual or Legal Entity: (Corporation or Individual) If a Corporation, State of Incorporation is required) DBA: (Doing business as) (Name of Retail Business) Contact Name & Title: Corp or Home Address: Street Address Telephone: (Home) (Cell) (Bus) (Fax) E-mail Address: Website or Facebook: \*Copies of Articles of Incorporation or Social Security number and Driver's License/picture ID will be required if applicant is selected \* **Proposed Business Terms** Description of Business Type of Unit Desired: Food Trailer ☐ Kiosk\* ☐ RMU\*\* Other (explain) \*Kiosk: Enclosed retail unit provided by Licensor (limited availability) \*\*RMU: Open-air "Retail Merchandising Unit" provided by Licensor, similar to a cart but semi-permanent If a unit will be provided by you, what is the current status? ☐ Just an Idea ☐ Designed (Attach design/renderings) ☐ Built (Attach photos and dimensions) How will you transport the unit to and from your site each day and where will it be stored? What is the estimated cost of the unit? Lease Term Desired: Year-round Seasonally from May1 - October 31 ☐ Short-term То Requested Start Dates: From

(Month/Day/Year)

(Month/Day/Year)

□ None □ 110v (household style plug) □ 220v (industrial style plug)						
Please explain the equipment you will need the electricity for:						
Operating Schedule  In most cross of the Mell full time hours of aparetian are required. Full time hours are currently 11,000M. 6:00DM f	rom					
In most areas of the Mall, full-time hours of operation are required. Full-time hours are currently 11:00AM – 6:00PM f May1st – October 31st and 11:00AM – 4:00PM from November 1st – April 30th. Applicants may operate more hours if details and 11:00AM – 4:00PM from November 1st – April 30th.						
List your days and hours of Operation						
Monday – Friday to						
Saturday toto						
Sunday to						
Would you still be interested if operating 7 days a week with conforming hours were required?   Yes No						
*Licensor reserves the right to change the hours of operation as permitted in the License Agreement Please Check One:						
$\hfill\square$ I am able to and interested in operating full-time and will have adequate staff/employees to do so						
☐ I am able to and interested in operating full-time and will sometiems operate later in the day (eveings/nights)						
$\square$ I am NOT able to operate full time. I am applying only for areas of the Mall with flexible hours						
Business Information						
What are your estimated start-up costs?						
Inventory/Stock Display Fixtures						
Supplies/Packaging Cash Register						
Other						
How will your new retail business be financed?						
When will this financing be secured? ☐ Yes ☐ No						
What are your financial resources?						
Resources in Checking/Savings:						
Line of Credit available:						
Will you accept major credit cards?						
How much time do YOU plan to work at this location (per week)?						
How many full & part-time employees will you have? (full-time) (part-time)						
What is your estimated monthly staffing cost for all employees (full & part-time)						
Business Experience (if applicable)						
Have you ever operated a retail, cart or vending business before? ☐ Yes ☐ No If yes, please list the location and dates						
Location 1 Dates						
Location 2 Dates						
Previous Unit Type: ☐ Food Trailer ☐ Kiosk* ☐ RMU** ☐ Other (explain)						
What were the average sales in your most recent business?						
Month(s) of: Sales:						
Month(s) of: Sales:						

<u>References</u>								
Please list business refere	ences that may be contacted:	1						
Name 1		Phone/Email #1						
Name 2		Phone/Email #2						
Merchandise/Product Line Description								
Briefly explain your business identity, and/or theme								
Types of merchandise to be sold: (Please attach photos and/or brochures of your products to the Application/Business Plan)								
Types of merchandise to	De Sold: (Please attach photos a	ind/or prochures of your products	s to the Application/Business Plan)					
Do you have established	resources/suppliers for your m	nerchandise?	□ No					
•								
How long will it take to red List Product Lines & Re	ceive merchandise? Letail Pricing (if exceeds 4, ple	ease attach)						
	luct Line		Retail Price					
What do you estimate as	the dollar amount of the avera	ge sales transaction?						
What is your profit margir	n/mark-up (percentage, three t	imes, etc.)?						
Which products are best								
Which products are uniqu	ue to the mall?							
Projected Sales								
What do you estimate as	your average monthly sales -	Summer?						
What do you estimate as	your average monthly sales - '	Winter/Spring?						
What do you estimate as	your average monthly sales -	December?						
Net Profit Projections (f	for one month time period)							
Sales								
- Cost of Goods Sold								
= Gross Margin								
- Rental Fees								
- Payroll								
- Advertising								
- Other Expenses								
Earnings before Taxes								
NET PROFIT								
<u>Visual Merchandising</u>								
Describe the visual merchandising plans for your requested retail location								

Types of Fixtures	
Color Scheme	
Oddi Gdilanic	
Props	
Signage	
Markating Stratagy, It is your r	cononcibility to market your business. (A strong marketing plan is favorable in the
<u>marketing Strategy: it is your researched</u>	esponsibility to market your business. (A strong marketing plan is favorable in the
Who is your target/market custor	ner?
Type of Customer/Lifestyle	
Age Range	
Household Income	
Identify and describe your compe	etition on the mall
What are your plans for advertisi	ng?
Do you have an existing custome	er base? ☐ Yes ☐ No
Do you have a website?   Yes	□ No
How often do you update your we	ebsite?
Do you have a face book page?	☐ Yes ☐ No
How many friends do you have?	How often do you post?
Do you have Twitter account?	• •
•	
How many followers do you have	How often do you tweet?
Are there social, environmental, i	lealth of Community benefits to your product? Explain
What are your expansion plans?	
Why will customers buy your prod	duct and what will make your business memorable? (Versus the competition)
 Why do you feel that 16 <sup>th</sup> Street <b>I</b>	Mall is the target market for your product?
<b>,,</b>	
I have read and waterstay of the	following. Places initial ways to each state west:
i nave read and understand the	e following: Please initial next to each statement:
	nittee will determine the applicants best suited for placement on Marketplace on the Mall based on the area within the Downtown Denver BID, including in part, the following factors:

- Product uniqueness, diversity, and quality
- Commitment to program/hours of operation (as determined by Licensor) and to be clarified in the License Agreement
- Successful business experience
- Competition-existing similar businesses on or near the Mall

- Financial resources of the business
- Reasonable likelihood of success of the business
- Sales projections
- Visual Merchandising/Quality of structure and design/display
- Completeness of business plan
- Overall benefit of the business to the 16th Street Mall retail environment
- Potential detriment to the 16th Street Mall retail environment

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	A copy of the Articles of Incorporation, comparable entity organizational document <b>or</b> Social Security card and a valid driver's license/picture ID will be required <b>before</b> executing a License Agreement.						
	Licensee agrees that it is familiar with and it shall fully comply with the standards set for the Mall: (1) the Rules & Regulations For Vending on the 16 <sup>th</sup> Street Pedestrian and Transit Mall of the Manager of the Department of Public Works, City and County of Denver; (2) the 16 <sup>th</sup> Street Mall policies and procedures for the Temporary Use of the Public Right-Of-Way the 16 <sup>th</sup> Street Pedestrian Mall; (3) Denver Revised Municipal Code, Section 49-538; and (4) requirements of the Downtov Denver Business Improvement District, all as amended from time to time.						
	Unless higher limits are required by Licensor, Licensee shall furnish general liability insurance in an amount not less than \$1,000,000 liability insurance naming the Downtown Denver Partnership, Downtown Denver Business Improvement District, and the City and County of Denver as additional insured.						
	Licensee shall obtain and maintain stat employees.	utory worker's compensation	insurance as required b	by the State of Colorado for its			
	This program is governed by Section 49-538 of the Revised Municipal Code and the "Rules and Regulations For Temporar Use of the 16th Street Pedestrian and Transit Mall." Food vendors are also governed by Section 23-46 of the Revised Municipal Code. By reference, they are made a part of the application.						
	Acceptance of this application by Do or acceptance of the applicant or proserve, obligate, license, lease, warra will ever be approved.	posed Licensee into the 1	6th Street vending pro	gram nor does it grant, re-			
for a vend Keep you	turn this Application along with any other ling location on 16 <sup>th</sup> Street Mall. Include r originals). The information and photos Street Mall vending program.	brochures and/or photos of y	our business (Only item	ns that we may keep on file.			
is not obli both parti	reserves the right to simultaneously nego gated to license a location to the Applica es, the fees have been submitted in an a ss compliance with all applicable rules an	nt unless and until such time cceptable form for the location	as a License Agreemer on agreed upon by both	nt has been fully executed by			
	This application will expire December 3	I <sup>st</sup> of the year in which it is su	ıbmitted and will be null	and void after this date.			
	Applicant's Signature/Title			Date			
Please re	turn this Application to:	Senior Specialist, Downtown Denver Busin 1515 Arapahoe St, Towe Denver, CO 80202 Phone: 303.534.6161	ess Improvement Distric	ot			

## **Frequently Asked Questions:**

When will I hear back? Applicants should generally expect to receive a response within 60 days of application submission.

Fax: 303.534.2803

**If selected:** After we contact you, the next step is location and cart/kiosk/display approval. *Final* approval is contingent upon finding an agreeable location and approval of the structure and all branding. No changes can be implemented by applicant after final approval.

If not selected: Applications are valid only through December 31<sup>st</sup> of the year in which they are submitted. There is no waiting list. Selection is based on the specific factors listed within this document and for the time period in which it is received. Applicants may apply in subsequent years if not selected.