

APPLICATION

Boston Logan International Airport Food/Beverage and Retail Program

Please complete the following application in its entirety. Prospective merchants may also include pictures or other relevant information 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 Employees:

Full Time: _____

Part Time: _____

Are you ACDBE Certified: _____

What state (s) are you certified in:

Special Requirements / Utility Requirements – Please describe any special needs for utility or storage, i.e. specific electric, water, sewer, gas, and ventilation requirements:

Are you currently or have you been a vendor at other mall or airport locations?

Yes: _____ **No:** _____

Current Locations (please limit to three (3) examples, preferably in the local area):

Location 1:

Address:

Contact Person:

Telephone Number:

Annual Sales Volume: _____

Location 2:

Address:

Contact Person:

Telephone Number:

Annual Sales Volume: _____

Location 3:

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:

MarketPlace Logan LLC
75 Park Plaza, Third Floor
Boston, MA 02116
Telephone: 617-243-7400
Facsimile: 617-243-7459
Email: leasingmpd@marketplacedev.com

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