

#### NAVAJO NATION SHOPPING CENTERS

## Providing Prime & Unique Business Opportunties to the Navajo Nation for Over 25 Years

# **Tenant Application**

SHOPPING	Title. Attach Extra sheets if want	tional space is required to juity unsirer any questions.		
CENTERS	NAME OF PRINCIPAL APPLICANT:			
	ADDRESS:			
		ZIP:		
CROWNPOINT	DOB: CENSUS #:	S.S. #:		
PINEHILL	PHONE NUMBER:	FAX NUMBER:		
	IF REPRESENTING AN EXISTING ENTERPRISE, CORPORATION OR BUSINESS PROVIDE NAME AND ADDRESS:			
NAVAJO PINE		ZIP:		
WINDOW ROCK	IF REPRESENTING AN EXISTING ENTERPRISE, CORPORATION OR BUSINESS, SPECIFY QUALIFICATIONS FOR MINORITY STATUS AND PERCENTAGE:			
ST. MICHAELS		nbers, if NAVAJO) OF ANY PARTNERS OR AND OFFICERS:		
PINON				
DILKON	DESCRIPTION OF PROPOSED BUSINESS INCLUDING THE FOLLOWING TYPES OF SERVICES TO BE RENDERED:			
TUBA CITY				
	ANITICIPATED NUMBER OF EMPLOY	TEES:		
KAYENTA	DESCRIPTION OF BUSINESS TRAINING OR EXPERIENCE OF PRINCIPAL APPLICANT OR OF ACTIVE PARTNER OF OTHER ASSISTANCE YOU WILL HAVE IN OPERATING PROPOSED BUSINESS:			
SHIPROCK				



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## Navajo Nation Shopping Centers, Inc. Tenant Application

CORPORATED	Page 2: Supplement				
CROWNPOINT	BUSINESS PLAN ATTACHED:	Yes	No		
	If no, Plan will be submitted by		_, 20		
PINEHILL					
	CERTIFICATION				
BNIC OLAVAN	By signing below, I certify that the information on this application and only attachment, both written and printed, represents my current financial condition accurately. If there are important changes, I will notify the Navajo Nation Shopping Center, Inc. in writing				
WINDOW ROCK	immediately. I authorize NNSCI to make whatever inquires about me that they consider necessary for the purpose of evaluating my tenant application, including obtaining credit bureau reports, contacting my employer, and submitting my name for clearance pursuant				
ST. MICHAELS	to the Navajo Business and Procurement Act. I authorize you to provide credit information about your credit experience with me to other creditors and credit reporting agencies.				
PINON					
DILKON	SIGNATURE OF PRINCIPAL	DA	ATE		
TUBA CITY					
	SIGNATURE OF CO-APPLICANT Required only if this is to be a joint account.	DA	ATE		
KAYENTA					
SHIPROCK					