

Exhibit B
COMMUNITY PERFORMANCE
APPLICATION FOR NON-COMMERCIAL EXPRESSIVE ACTIVITY
AT THE SHOPS AT WIREGRASS

The information contained in this application will be kept confidential and will only be used by The Shops at Wiregrass Management in furtherance of its business activities.

Organization/Group: _____

Name of Authorized Representative: _____

Business Address: _____

Business Telephone: _____

Email Address: _____

Website: _____

Name of Authorized Representative: _____

Title: _____ Phone: _____

Contact Person on Date of Activity/Performance: _____ Cell: _____

Nature of Planned Activity: *(Include a brief description of your organization/group along with the nature and purpose of your planned activity/performance. Additional information may be necessary in order to approve this request.)*

Requested Date and Time(s): 1st Choice: _____ 2nd: _____ 3rd: _____

Date & Time of **previous** activity at The Shops at Wiregrass: _____

(If you are a first-time performing group/organization you must submit demo CD, video, tape, etc. with this request for approval).

Number of individuals to be engaged in activity at any one time: _____

Names of each person who will or may engage in the proposed Activity:

Please attach copies of fliers, brochures, leaflets, photos, other written material or product information to be circulated, displayed, sold or distributed at The Shops at Wiregrass. Please attach photographs of any displays to be used. **Any materials not attached may not be used by Applicant.**

Identification Number Applicant, if natural person, or of Representative (Driver's License, including state of issuance, or Social Security number) _____

If Applicant is not a natural person, Authorized Representative of Applicant: _____

Business address and telephone number of Applicant, if natural person, or of Representative, if different from above (P.O. BOXES ARE NOT ACCEPTABLE):

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