



Primary Contact Information

Name: [input]

Phone Number: [input]

Email: [input]

Store Information and Description

Company Name: [input]

Store Name: [input]

Store Address(s): [input]

Phone Number: [input]

Email: [input]

Year Established: [input]

Website: [input]

Sales Tax ID: [input]

Seller Permit #: [input]

Website Sales: Yes No

What Products Do You Carry? [input]

[input]

Please List Five Additional Brands You Carry: [input]

[input]

What Type of Retail Outlet Is Your Business? Retail Store Online Store Catalog [input] Other

Please Describe Your Typical Customer: [input]

[input]

[input]

[input]

In addition to this form, please provide at least three photographs of the store front and retail space.