



2012 DTSB Holiday Pop-Up Shop Program Application

Name of Your Business: _____

Contact Person: _____

Daytime phone: _____ Email: _____

What products/product lines do you plan to sell? (Be as detailed as possible & attach at least 5 images.)

Would you be interested in sharing a space with another applicant who is selling a product that the selection committee believe is complimentary or compatible with yours? _____

The program requires at least two in-store events in addition to participation in the First Fridays program.

What in-store event(s) are you planning for your store? _____

Describe the window display you are planning (include a rough sketch if appropriate): _____

Do you have a current physical location? _____ If so, please provide the address below.

Briefly describe your prior retail experience. _____

If you have a positive experience in the pop-up shop program, would you be interested in leasing a location here in the downtown after the program has ended?