Building Owner Name:	
Address of Storefront(s):	
Preferred Contact for the Program/Agent:	
Preferred Contact Phone Number:	
Preferred Contact Email:	
Check one of the following:	
Option 1: Yes, I am interested in participating free for the duration of the program and I will also c	in the program, and I will provide my storefront(s) rent over the excess utility costs.
	g in the program, and I will provide my storefront(s) rent lly request that Downtown South Bend, Inc. cover the
I have reviewed the2012 Holiday Pop-up Shop FAQ and program.	understand the scope and requirements of the
	Data