

# Small Shops Mall Shop Owner Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Email<sup>1</sup>: \_\_\_\_\_

Shop Name: \_\_\_\_\_

Product lines/brands to be carried<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you obtain your inventory? \_\_\_\_\_

\_\_\_\_\_

What types of fixtures/displays you will be using? \_\_\_\_\_

How often can you be in the store to restock, merchandise, and straighten up your shop?

\_\_\_\_\_

Do you already perform Marketing for your products/business? \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup>: Upon filling out this document, your email and phone number will only be used for the purpose of contacting you regarding your application status. Once approved and the requisite Licensing Agreement has been completed, your email will be used to contact you regarding information pertaining to your shop as well as the store. We will not use your contact details for advertising purposes.

<sup>2</sup>: Small Shops Mall does not permit "General Stores", shops must have a basic theme or core merchandise line that all merchandise relates to. Items deemed a poor fit may be called into question.

*For Management:*

Approved

Declined

Contacted Phone

Contacted Email