

**CLAIBORNE CORRIDOR CULTURAL INNOVATION DISTRICT**  
**Marketplace Vendor Request for Information**

VENDOR CONTACT INFORMATION	
<b>Name &amp; Title:</b>	<b>Date:</b>
<b>Telephone No:</b>	<b>Email:</b>
<b>Complete Address:</b>	
SERVICE PROVIDER CONCEPT INFORMATION	
<b>Proposed Marketplace Name (Doing Business As):</b>	
<b>Is this a Franchised/Licensed Operation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Years in Business:</b>  <b>Years in Current Business:</b>
<input type="checkbox"/> I want to participate in the CID Marketplace for the first demonstration area (see calendar attached) <input type="checkbox"/> I will adhere to the rules and regulations of the CID Marketplace	<input type="checkbox"/> I am interested in the CID's Service Provider Training & Incentive Programs <input type="checkbox"/> I have participated in other business/service training programs
<b>Vendor Type (check all that apply):</b> <input type="checkbox"/> Farm/Produce <input type="checkbox"/> Seafood <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Retail <input type="checkbox"/> Professional Services <input type="checkbox"/> Other:	<b>Technical Assistance:</b> <i>Please list any business development training received, location of the provider, and dates attended.</i>
<b>Current Business Ownership Structure:</b> <input type="checkbox"/> Individual Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
<b>Will this Business be Owner Operated:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PROPOSED SPECIALTY USE:</b> <i>Provide a brief description of concept and merchandise/menu. Attach brochures, product list, photos and other supplemental material to describe proposed concept.</i>	
<b>SPECIAL REQUIREMENTS:</b> <i>Use this section to describe any special needs for utility or storage (i.e. specific electric, water, sewer, gas and ventilation requirements).</i>	
<b>PLEASE NOTE:</b> This RFI application along with supporting material/documentation will not be returned to the applicant.	
SECTION BELOW FOR OFFICE USE ONLY	
<b>Comments:</b>     	Date Received:
	Date Reviewed:
	Application Status:
	Correspondence:
	Interview Date:
<b>Additional Information:</b>	

**CLAIBORNE CORRIDOR CULTURAL INNOVATION DISTRICT**  
**Marketplace Vendor Request for Information**

