

CLAIBORNE CORRIDOR CULTURAL INNOVATION DISTRICT

Marketplace Vendor Request for Information

VENDOR CONTACT INFORMATION	
Name & Title:	Date:
Telephone No:	Email:
Complete Address:	
VENDOR CONCEPT INFORMATION	
Proposed Marketplace Name (Doing Business As):	
Is this a Franchised/Licensed Operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Years in Business: Years in Current Business:
<input type="checkbox"/> I want to be considered for participation in the Tricentennial Weekend Marketplace, April 20-21, 2018 <input type="checkbox"/> I want to be considered for the Phase I Marketplace, launching Tricentennial Weekend	<input type="checkbox"/> I am interested in the CID's Vendor Training & Incentive Programs <input type="checkbox"/> I have participated in other business/vendor training programs
Vendor Type (check all that apply): <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: _____	Technical Assistance: <i>Please list any business development training received, location of the provider, and dates attended.</i>
Current Business Ownership Structure: <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 _____	
Will this Business be Owner Operated: Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROPOSED SPECIALTY USE: <i>Provide a brief description of concept and merchandise/menu. Attach brochures, product list, photos and other supplemental material to describe proposed concept.</i>	
SPECIAL REQUIREMENTS: <i>Use this section to describe any special needs for utility or storage (i.e. specific electric, water, sewer, gas and ventilation requirements).</i>	
PLEASE NOTE: This RFI application along with supporting material/documentation will not be returned to the applicant.	
SECTION BELOW FOR OFFICE USE ONLY	
Comments:	Date Received:
	Date Reviewed:
	Application Status:
	Correspondence:
	Interview Date:

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Additional Information:

A large, empty rectangular box with a thin black border, intended for providing additional information.