



THE SHOPS  
AT HILLTOP

SPECIALTY RETAIL PROGRAM APPLICATION#

PERSONAL INFORMATION			
NAME:		DATE:	
HOME PHONE:		MOBILE PHONE:	
OTHER PHONE:		FAX:	
EMAIL:		WEB: WWW.	
BUSINESS INFORMATION			
PROPOSED RETAIL NAME:			
SSN # / FEDERAL TAX ID:		TYPE (LLC, CORP, SOLE PROP):	
PROJECTED START DATE:			
<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> DISTRIBUTOR	<input type="checkbox"/> OWNER / OPERATOR	<input type="checkbox"/> DIRECT RETAIL
FULL LEGAL NAME:			
DOING BUSINESS AS (DBA):			
DO YOU HAVE OTHER LOCATIONS?		<input type="checkbox"/> YES / <input type="checkbox"/> NO	
WHERE ARE THEY LOCATED?			
HOW LONG HAVE YOU BEEN IN BUSINESS?			
NAME OF REFERENCE:		PHONE OF REFERENCE:	
<u>MAJOR MERCHANDISE CATEGORY</u>	<u>PERCENTAGE OF DISPLAY</u>	<u>PRICE RANGE</u>	
	%	\$	- \$
	%	\$	- \$
WHO IS YOUR TARGET COSTUMER?			
WHAT ARE YOUR ESTIMATED WEEKLY SALES?			
HOW LONG WILL IT TAKE TO RECEIVE/PRODUCE YOUR PRODUCT?			
PLEASE DESCRIBE THE CONCEPT OF THE STORE:			
WILL YOU HAVE BRAND NAMES OR HANDMADE ITEMS? PLEASE USE DETAIL:			

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

YOU WILL BE CONTACTED BY EMAIL OR PHONE WITHIN TWO (2) WEEKS OF RECEIPT OF THIS APPLICATION.

**PICTURES OF EXISTING LOCATIONS AND PRODUCT MUST ACCOMPANY APPLICATION.**

PLEASE EMAIL TO: [TREVOR@PRORESOURCESINC.COM](mailto:TREVOR@PRORESOURCESINC.COM)