



OPEN

DOWNTOWN
POP UP SHOPS

Holiday Pop-Up Shop 2014 Retailer Interest Sheet

Name of Your Business

Website or Facebook Page

> _____

> _____

Contact Person

Daytime Phone

Email

> _____

> _____

> _____

What product(s) or product line(s) do you plan to sell?

> _____

The program requires at least one in-store event. What in-store event(s) are you planning in your store?

> _____

Would you be interested in sharing a space with another applicant who is selling a product that the selection committee believe is complimentary or compatible with yours?

Yes

No

Do you have a current physical location?

Yes

No

If you checked yes, provide the address.

> _____

Application Deadline:
5:00 PM, October 1, 2014

Email to:
veronica.gonzalez@sanantonio.gov