Official 2018 Retail Challenge Entry Form

**Contact Information**

|  |  |
| --- | --- |
| Contact Person |  |
| Name of Business Contact |  |
| Address |  |
| City, State, Zip Code |  |
| E-mail Address |  |
| Phone Number |  |

**Retail Business Concept**

**Please Select which option best describes your retail business concept.**

|  |  |
| --- | --- |
| [ ] Yes | New Retail Business |
| [ ] Yes | Second or third retail business from an existing location in another town |
| [ ] Yes | Significant expansion of a current downtown Owatonna business that includes an added business concept |

**Briefly describe your retail business concept.**

**What types of merchandise will be sold in your retail store?**

**Describe and define the market for this retail business.**

**How will your business enhance downtown Owatonna and the Owatonna community as a whole?**

**What resources and assets do you have and what resurces would be needed to develop this concept (personal financing, equipment, etc.)?**

**What are your qualifications to develop/expand this business?**

**Are there any similar businesses around already? If so, how is yours different?**

**Any other information that may really “sell” the committee on your concept?**

**I have read the competition rules, timeline and eligibility requirements, and I attest that all information included in this application and business concept is true and accurate. By submitting this application, you agree to the rules and regulation of this competition.**

***X***

**Signature Date**

**Please submit this application form by September 14, 2018 to:**

**Owatonna Area Chamber of Commerce
c/o Retail Challenge
320 Hoffman Drive
Owatonna, MN 55060**



MainStreet Owatonna