



City of Caledonia Holiday Pop Up Shop Incentive Program

OFFICIAL ENTRY FORM

Contact Information

Contact Person:	
Address:	
City, State, Zip:	
Email:	
Phone Number:	

Pop Up Shop Concept

Name of Business Concept: _____

What types of merchandise will be sold in your pop-up store?

Describe and define the market for this business:

How will your business enhance the Caledonia community?

Any other information that you wish to share about your business?

I have read the program rules, timeline, eligibility requirements, and I attest that all information provided in this application is true and accurate. By submitting this application, I agree to the rules and regulations of this program.

Signature

Date