



**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