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## RETAIL MERCHANT CHECKLIST

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

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BUSINESS NAME

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BUSINESS LOCATION: (FULL ADDRESS, INCLUDING ZIP CODE)

PLEASE SELECT ONLY THOSE THAT APPLY TO YOUR BUSINESS:

- Is the business 16,000 square feet or less in size?
- Does your business offer for sale a variety of convenience shopping goods?
- Does your business continuously offer the majority of the items in your inventory for sale at a price lower than traditional retail stores?
- Does your business include a pharmacy?
- Does your business sell gasoline or diesel fuel?
- Does your business generally sell specialty items such as greeting cards and/or fresh flowers?
- Does your business sell (or provide a limited supply) fresh vegetables, fruits, meats, seafood, or cheese?
- Do you currently sell or plan on selling alcohol or tobacco products?

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PRINT NAME OF BUSINESS OWNER/AGENT/APPLICANT

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SIGNATURE OF BUSINESS OWNER/AGENT/APPLICANT