

Small Business Kiosk Program Application Form

1. Proposer Name:

2. Identity of Proposing Entity

Name and contact details as it is to appear in the Agreement.

Address:

Contact Name and Title:

Phone:

Email:

3. Summary of Experience

In lieu of completing the below table, Proposer may submit a narrative response that describes in detail how the Proposer meets the minimum qualifications requirements stipulated in the Call for Applications. If concept name, location, ownership, and/or contact information has remained the same for each qualifying year, note “same” in the box.

	Year 1 (20__)	Year 2 (20__)	Year 3 (20__)
Concept Name			
Address / Location			
Sales			
Owner / Entity			
Landlord / Contact			

b. Customer Service and Quality Control (30 points)

- Discuss your approach to customer service and monitoring the kiosk to ensure high standards are maintained and overall business performance is strong. (10 points)

- Describe your approach to customer service and product knowledge training for the staff. (10 points)

- Discuss your approach to product quality control. (10 points)

TOTAL POSSIBLE POINTS: 100