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## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
|  |
| Participant’s Title and Role in Company: |  |

|  |  |
| --- | --- |
| Name of the Company: |  |
|  |
| CompanyAddress: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
|  |
| Company’s Main Sector of Business |  |

|  |  |
| --- | --- |
| How Old is the Company? |  |
|  |

|  |  |
| --- | --- |
| Company’s Main Sector of Business |  |

|  |  |
| --- | --- |
| How Many Years of Sales Does Your Company Have? |  |

|  |  |
| --- | --- |
| Brief Company Profile |  |
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Type of company (Check All That Apply)

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| --- | --- | --- |
| Small/Medium Enterprise | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Aboriginal–Owned | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Woman-Owned | YES[ ]  | NO[ ]  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Young Entrepreneur–Owned | YES[ ]  | NO[ ]  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Visible Minority | YES[ ]  | NO[ ]  |  |

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| --- |
| Other (Please Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

All of the companies Social Media and Websites

* Facebook:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Twitter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Instagram:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Youtube:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Website:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| How many years of export experience does the company have? |  |

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| --- | --- |
| Are you comfortable sharing your financials? NDA will be provided with application. If not, then give a reason. |  |
|  |

|  |  |
| --- | --- |
| What are your business goals? |  |

1. How much knowledge do you have about the cosmetic industry (Check all that Apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Great Amount of Knowledge  | Some Amount of Knowledge | Little Amount of Knowledge | I would like to Learn More |
| Cosmetic Science, Ingredients and Formulation |  |  |  |  |
| Packaging |  |  |  |  |
| Product Development and Branding |  |  |  |  |
| Cosmetic Business  |  |  |  |  |
| Cosmetic Global Trends |  |  |  |  |
| Manufacturing |  |  |  |  |
| Marketing and Sales |  |  |  |  |
| Distribution and Retail |  |  |  |  |