**A picture containing person, holding, indoor, hand

Description automatically generated**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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: | |  | | |
|  | |
| Company  Address: |  | |  |
|  | 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 |  | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Type of company (Check All That Apply)

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

|  |  |  |
| --- | --- | --- |
| Aboriginal–Owned | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Woman-Owned | YES | NO |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Visible Minority | YES | NO |  |

|  |
| --- |
| 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? |  |

|  |  |
| --- | --- |
| 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 |  |  |  |  |