

# WESTERN WASHINGTON QUILT SHOP HOP

## New Store Application

Store Owner(s): \_\_\_\_\_

Store Name: \_\_\_\_\_

Store street address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Store mailing address: \_\_\_\_\_

(if different than street) \_\_\_\_\_

\_\_\_\_\_

Business Phone number: \_\_\_\_\_

Business Fax number: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_

Store Website: \_\_\_\_\_

Tell us about your shop: what is your square footage and how many bolts do you have?

Do you sell items not related to quilting? If yes, what else do you sell and what percentage of your store is devoted to non-quilting items?

What do people like about your shop?

Do you have classes?

Do you have a newsletter? (Please send a copy)

To give us a better sense of your store, please take one photo of the exterior and at least three pictures of the interior of the store to submit with this application.

**By submitting this application you are certifying that your store meets the following requirements:**

- It is located in a separate building from your home and is open to the public at least 5 days a week.
- It has a dedicated business phone number, business checking account, E-mail account, and business license in the quilt store's name.
- At least 50% of your retail space is dedicated to selling top grade quilting fabric.
- Maintains a minimum of 500 bolts of quilting fabric.
- Will be able to handle 20 – 40 customers at a time during shop hop.
- Has been open, under current ownership, for at least one year.
- Is independently owned and operated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit completed application (via e-mail, fax, or mail) to:**

Bobbi Fenn  
Sisters Fabric  
476 N. Market  
Chehalis, WA 98532  
360-748-9747