

**CRAFTS OF CHARACTER BRANDING**

**Retailer Application Form**

<b>Business Name:</b>	
<b>Contact Name:</b>	
<b>Mailing Address:</b>	
<b>Postal Code:</b>	
<b>Telephone: (in season)</b>	<b>(off-season)</b>
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Website:</b>	
<b>Business Location (if different from mailing address):</b>	
<b>Number of years business has been open:</b>	
<b>Estimated percentage of product inventory comprised of Newfoundland and Labrador produced products:</b>	

Please specify which **Newfoundland and Labrador-produced products** you currently and consistently stock and how long you have been carrying the line. This will be cross-referenced with the list of approved **Crafts of Character** producers/products to determine your eligibility for the program (attach a separate sheet if needed). Producers will be contacted by department staff to confirm they regularly supply their products to your shop.

**Name of Producer/Company**

**How Long Product Carried**

<b>Name of Producer/Company</b>	<b>How Long Product Carried</b>

I certify that the information provided in this application is accurate and complete as of the date of signature. The Department of Innovation, Business and Rural Development is authorized to verify the information contained herein. If I am approved to use the Crafts of Character Brand I consent to having my name and contact information posted on a retailer profile page on the Crafts of Character website.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Send completed application to:**

Janet Costigan  
Department of Innovation, Business & Rural Development  
P.O. Box 8700  
St. John's, NL A1B 4J6  
or fax to 709-729-5124