

Maker Application for Downtown Toledo Retail Incubator

Contact information

Name of business: _____

Legal name of business: _____

Legal address of business: _____

Individual applying: _____

Cell phone number: _____

Email address: _____

Description and Experience

Description of product(s): _____

Number of years operating: _____

Marketing presence

List website address: _____

List where on social media: _____

All applications should be sent to: Info@ConnecToledo.org