

# Desktop Stores Business License Application

(This form and a sample of your product must be returned to Ms. Chambers by Wednesday, April 24<sup>th</sup> with \$1.00.)

Your name: \_\_\_\_\_

Your Partner's Name (if applicable) \_\_\_\_\_

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

List EXACTLY what you intend to sell (list ALL ingredients if your product is a food item):

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Please sign indicating that you are aware of the Desktop Stores Project and that the above information is true and accurate. Please have your child return it to school with their prototype and business license fee of \$1.00.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

\_\_\_\_\_ Application approved \_\_\_\_\_ \$1 license fee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ date turned in