

GIFT SHOP APPLICATION FOR CONSIGNMENT

RHSCGiftShop@gmail.com

Full Name _____ Date _____
Company Name _____ Sales/Use Tax Number _____
E-mail _____ Phone Number _____
Street Address _____
City _____ State _____ Zip Code _____

Product Category

- Accessories/Jewelry
- Art
- Bath and Beauty
- Candles
- Cards
- Ceramics and Pottery/Glass/Woodworking
- Children
- Crochet/Embroidery/Knitting/Needlecraft
- Dolls and Miniatures
- Holidays
- Housewares
- Pets
- Quilts
- Toys
- Everything Else

Description of your products: _____

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Price Range of your products: _____

Please attach photo(s) of your products or give us the names of your social pages where we can see your products: _____

Do you have any display racks, etc. you would use to vend your products from? If yes, please describe. _____

If you have any additional comments/questions, please use the back of this form.

Please drop this off or mail it to the Rocky Hill Senior Center, 761 Old Main Street, Rocky Hill, CT 06067. We will contact you to arrange a meeting. Thank you.

Initials _____ **Date** _____ **Accept/Decline**