



HealthyRetailSF Interest Form

Business Name _____

Business Address _____

Type of Business _____

Business Owner Name _____

Telephone _____

E-Mail _____

Information Regarding the Business

1. Years in business?

2. Is your business a ground floor storefront? Yes No
3. Are you interested in introducing and/or increasing healthy food options, such as fruits, vegetables, and grains in your store selection? Yes No
4. Is your business located in a neighborhood that may want to increase access to affordable healthy food products? Yes No
5. Are you willing to invest time to improve your business by meeting regularly with consultants for the next 3 months and quarterly for a period of 3 years? Yes No
6. Are you willing to work on an Individualized Development Plan with achievable goals and benchmarks for success? Yes No
7. Would you attend workshops, training, and seminars on improving business operations, and healthy food management? Yes No
8. Does your business have a Point-of-Sales system? Yes No

9. Are you willing to share your sales data of certain products, as needed by the HealthyRetailSF Program for evaluation purposes? Yes No

10. How long do you have left on your lease?

11. Do you have business liability insurance? Yes No

12. What are the goals of your business for the next 3 years?

13. In what areas would you like to receive assistance? (circle one or more)
Business Operations, Accounting, Loans, Marketing, Permits, Employee Management, Legal Aspects, Other _____

Please contact **Gabriela Sapp** at 415-254-5094 or mybizadvisorsf@gmail.com with any questions.

Or Mail Interest Forms to:
HealthyRetailSF Program/Jessica Estrada
25 Van Ness Ave #500
SF, CA 94102

Additional information about the HealthyRetailSF Program can be found at www.healthyretailsf.org