

# 2025 MWBC Shop Local Application - Rockville Town Square

Thank you for your interest in the MWBC Shop Local program, where we support the growth and success of retail entrepreneurs and small-scale manufacturers across Maryland's Capital Region. Our mission is to provide not just a space, but a collaborative environment where businesses can thrive through mentorship, community, and tailored support.

We are committed to lowering barriers to opportunity for entrepreneurs and creating a launchpad for startup and early-stage businesses. This form helps us gather information from those interested in participating in the MWBC Shop Local program, ensuring transparency and fairness in our application process. To maintain impartiality, your personal details, including your name, address, and phone number, will be removed before your application is evaluated by our selection committee, ensuring a fair and unbiased assessment.

We are dedicated to ensuring equal opportunity for all applicants. If you need assistance due to a disability or language barriers during the application process, please reach out to our team. We are here to support you at every stage.

**Approach to Questionnaire:** We understand that businesses are at different stages of development, and some questions may not be relevant to your particular stage. Please answer as many questions as possible, and if a question does not apply to you, simply respond with "Not Applicable".

Accurate and thorough responses to the required questions are essential, as they help us understand your business idea and its potential within MWBC Shop Local. While some questions are optional, we encourage you to answer them to provide us with additional insights into your business.

Provide detailed yet concise responses that clearly communicate the potential of your retail business. Your thorough answers will help us assess the viability and fit of your business within the MWBC Shop Local program.

**Application Process:** The MWBC Shop Local application process involves 4 steps. First, applicants submit their forms online. The Selection Committee then reviews and evaluates these applications. Next, shortlisted candidates are invited for an in-person interview with MWBC personnel. Finally, decisions are made following the interview, which may include extending offers, conducting due diligence, or referring applicants to other support services.

The Selection Committee considers several factors, including the market relevance of the business, the growth potential of the product or idea, the applicant's capacity and

willingness to grow the business, and the validation of the business model. Possible outcomes include a referral for business counseling by MWBC and partners if the business is not ready for the program or progression to the interview stage for high-potential candidates.

**Program Participation:** Store placement within the MWBC Shop Local program is determined by MWBC to ensure the best fit for your business. Although applicants do not choose their placement, we carefully evaluate your business and product type to select the most suitable location for your success. Our aim is to create a supportive and balanced retail environment for all participants.

The program requires a monthly participation fee of \$250. This fee supports the resources, mentorship, and services crucial to the growth and success of your business. By joining, you become part of a collaborative community designed to help your business thrive in Maryland's Capital Region.

We look forward to reviewing your application and welcoming you to the MWBC Shop Local program!

Please complete the application in its entirety. Questions marked with an asterisk (\*) are required. Incomplete applications will not be considered for the MWBC Shop Local program.

For any questions regarding the application, please email Associate Retail Program Manager, Mallory Carlson at [mallory@marylandwbc.org](mailto:mallory@marylandwbc.org)

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\* Indicates required question

1. Email \*

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### **Applicant Information**

2. Applicant Name \*

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3. Residential Address \*

Street Address, City, State, Zip Code

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4. County \*

*Mark only one oval.*

☐ Montgomery County

☐ Prince George's County

☐ Frederick County

☐ Howard County

☐ Other: \_\_\_\_\_

5. Applicant Email Address \*

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6. Applicant Phone Number \*

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7. Tell us about yourself \*

Work experience, interests, volunteer efforts, other – anything that helps us get to know you better!

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8. Identity Group - select all that apply. (Used for demographic data only, not used to determine eligibility or preference) \*

*Check all that apply.*

- ☐ Asian
- ☐ Biracial
- ☐ Black/African American
- ☐ Indigenous
- ☐ Native Hawaiian/Pacific Islander
- ☐ Latinx/Hispanic
- ☐ LGBTQIA+
- ☐ Middle Eastern
- ☐ Person with Disabilities
- ☐ Veteran
- ☐ Woman

9. Where did you hear about the MWBC Shop Local program? \*

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10. Have you previously participated in any MWBC programs?

*Mark only one oval.*

☐ Yes

☐ No

11. If you answered "yes", which program(s)?

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### **Applicant's Business Information**

12. Business Name \*

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13. If the name that your business is registered under is different from the name provided above, please provide the registered name.

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14. Physical Business Address \*

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15. Date Business Was Formed \*

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16. Federal ID # (EIN) \*

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17. Is your business registered in the state of Maryland? \*

*Mark only one oval.*

☐ Yes

☐ No

18. If you answered "yes", please upload your registration.

Files submitted:

19. Is your business in good standing with the state of Maryland? [Click here](#) to check \*  
your business status.

*Mark only one oval.*

☐ Yes

☐ No

20. Do you have a valid business license? \*

*Mark only one oval.*

☐ Yes

☐ No

21. If you answered "yes", please upload business license.

Files submitted:

22. Do you have a valid sales tax license? \*

*Mark only one oval.*

☐ Yes

☐ No

23. If you answered "yes", please upload sales tax license.

Files submitted:

24. Type of Business \*

*Mark only one oval.*

☐ Sole Proprietor

☐ Limited Liability

☐ Partnership

☐ Corporation

25. Stage of Business \*

*Mark only one oval.*

☐ Less than 1 year

☐ 1 - 4 years

☐ 5+ years

26. Please describe your business. \*

Business history; what do you make/do; do you make, design, and produce the products yourself?

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27. Business Website \*

Official website, Etsy, Shopify, etc.

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28. Business Social Media Handles \*

Instagram, Facebook, TikTok, etc.

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29. What is the main product your business produces/sells? \*

*Check all that apply.*

- ☐ Clothing/Apparel
- ☐ Self-Care Products
- ☐ Personal Accessories (purses, scarves, etc.)
- ☐ Jewelry
- ☐ Home Goods
- ☐ Original Visual Art
- ☐ Handmade Items
- ☐ Other: \_\_\_\_\_

30. Do you have sufficient inventory to last at least 3 months? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

31. Price Range of Products \*

*Mark only one oval.*

- ☐ Under \$25
- ☐ \$26 - \$50
- ☐ \$51 - \$100
- ☐ \$100+

Business Operations

32. How long have you been working full-time on your business? \*

*Mark only one oval.*

- ☐ I'm not, it's my side hustle, and I like it that way.
- ☐ I'm not, it's my side hustle, but, if I got some exposure, I think I could devote myself full-time.
- ☐ Just started, less than one year.
- ☐ Some experience, more than a year.
- ☐ This has been my main source of income for at least three to five years.

33. Do you currently have a storefront or physical location for your business, outside of your primary home? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

34. Does your business already have an existing Point of Sale (POS) system? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

35. If yes, what type of Point of Sale (POS) system?

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36. Upload your Business Plan

Files submitted:

37. How are you financing your business? \*

*Mark only one oval.*

- ☐ Self- financing
- ☐ Traditional-bank financing
- ☐ Non-traditional financing

38. What do you hope to accomplish if selected to participate in MWBC Shop Local? \*

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#### Program Commitments

39. Are you able to commit to the six-month program requirements, including working \*  
at the retail location for a minimum of one day (9-10 hours) per week, one Sunday  
every six weeks, and availability for scheduled holiday shifts?

*Mark only one oval.*

- ☐ Yes
- ☐ No

40. Are there any days of the week you will **NOT** be able to work? \*

*Check all that apply.*

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Sunday

41. Can you commit to attending all training workshops for a minimum of three hours per month? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

42. Can you commit to attending a business counseling session with an MWBC Business Consultant for a minimum of one hour session per month? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

43. Can you commit to attending a follow up group meeting with the MWBC program team? \*

*Mark only one oval.*

- ☐ Yes
- ☐ No

44. Are you willing to participate in promotional events such as “Meet the Maker” events and other marketing initiatives organized by MWBC?

*Mark only one oval.*

☐ Yes

☐ No

45. Do you agree to share your business revenue and profit information with MWBC upon request while participating in the MWBC Shop Local program?

*Mark only one oval.*

☐ Yes

☐ No

### **Applicant Certification**

46. By submitting this application, I certify that all information provided is accurate and comprehensive to the best of my knowledge. I understand that additional information or documentation may be requested to complete my application. I acknowledge that failure to submit any requested items in timely manner may result in delays or rejection of my application. \*

Checking the box below serves as my e-signature to this application.

*Check all that apply.*

☐ I agree to comply with all program requirements if selected.

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