



Concession Program Interest Application

Business

Legal Entity Name: _____

DBA/Store Name: _____

Corporate Address: _____

Phone Number: _____ Email: _____ Website: _____

Type of Entity: ☐ LLC ☐ Corporation ☐ Partnership ☐ Other: _____

State of Incorporation: _____ Year of Incorporation: _____

State Business License No.: _____

Business/Concept Use Overview:

Provide a brief overview about your company, business concept, marketplace strategies and more:

Current operational retail, restaurant, or service locations:

Business Name	Type of Business	Location	Date Opened	# Employees	Annual Sales
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Company Leadership Background

Name: _____

Title: ☐ President ☐ CEO ☐ Vice President ☐ Other: _____

Telephone Contact: _____

Email Contact: _____

Company Equity Ownership

Name: _____ Title/Position: _____ Percentage %: _____

Name: _____ Title/Position: _____ Percentage %: _____

Name: _____ Title/Position: _____ Percentage %: _____

Airport Concessions Disadvantage Business (ACDBE) Inquiry (if appropriate):

Certified: _____ Eligible: Yes _____ No _____

Signature: _____ Date: _____

Miscellaneous Questions:

1. What timeline are you interested in opening a business with the BWI Concessions Program?

Date: _____

2. How did you hear about the BWI Concessions Program?

Submittals

Forward as attachments brochures, shop photos, product photos, annual reports, references, awards, etc.

SUBMIT VIA EMAIL TO:

LaunchPad@Fraport-USA.com