

Small Business Intake Form

Company Information

Contact Name	
Address	
City, State, Zip Code	
Phone	
Owner/Contact Name	
E-Mail Address	
Proposed Concept Name:	

Type of Business	Retail	Food & Beverage	Vending
Are you ACDBE Certified?	If yes, please list your status: Woman-Owned Minority-Owned Disabled-Owned		

Please provide a brief description of your proposed business:

You may also include images or other relevant information to help the SEA Dining and Retail program evaluate your concept by submitting them in addition to this form to adr.smallbiz@portseattle.org.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

This intake form is for informational purposes only and does not obligate the Port of Seattle, SEA Airport, or its affiliates to award, lease or guarantee consideration of space within the SEA Airport.

Thank you for your interest in the SEA Dining and Retail program!