



Application for Merchant Participation

UNIVERSITY OF KENTUCKY PLUS ACCOUNT OFF-CAMPUS PROGRAM

Name of Merchant and/or Business: _____

Business Address: _____

Business Phone: _____ **Fax:** _____ **E-mail:** _____

Contact Person: _____ **Title:** _____

Type of Merchant Category

What type of business do you operate? _____

Retail Sales

Restaurant

Retail/Restaurant Mix

Other (please specify) _____

For Retail Locations

What types of goods and/or services do you primarily sell? _____

For Restaurants

Please indicate the type of restaurant (check all that apply)

Dine In and Carry Out

Dine-In Only Restaurant

Carry Out Only Restaurant

Bar and Restaurant

Pizza Delivery

Delivery/Retail

Specialty/Other (please specify) _____

What is the average meal cost at your location? _____

For Retail/Restaurant Mix

Please estimate the percentage of restaurant sales: _____ %

Please estimate the percentage of retail sales: _____ %

Please estimate the percentage of alcohol sales: _____ %

What is the average meal cost at your location? _____

For ALL applicants

What are your annual sales? _____

Please estimate the percent of your sales attributable to UK students. _____ %

How many miles is your nearest location from campus? _____

Please mail or fax your completed application to:

Stephanie Gibson
University of Kentucky
The Dining & Plus Account Office
101 Student Center
Lexington, KY 40506-0030

Signature

(859) 257-1062 (telephone)

(859) 323-3837 (fax)

Date