

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 <input type="checkbox"/>	Food & Beverage <input type="checkbox"/>	Vending <input type="checkbox"/>
Are you ACDBE Certified?	If yes, please list your status: Woman-Owned <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Disabled-Owned <input type="checkbox"/>		

Please provide a brief description of your proposed business:

Meds to Go, specializes in dispensing over-the-counter (OTC) pharmaceutical and personal care products via automated retail systems. We provide an innovative service platform accessible 24 hours a day, 7 days a week, offering a state-of-the-art system that provides the customer with immediate top-quality products based on necessities and healthcare. ACDBE# D3M0027839 DBE# D3M0027839

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!