



**HEALTH & BODY CARE PRODUCTS
APPLICANT QUESTIONNAIRE**
(Please print clearly.)

IMPORTANT - This questionnaire must be completed by all applicants with health and body care products. Applications submitted without this questionnaire will be considered incomplete and will not be processed.

Name of artisan: _____

Name of company: _____

1) How many people are involved in the production and marketing of your product(s)? _____

2) What is your involvement in the production and marketing of your product(s)? (be specific)

3) Are the basic ingredients of your product(s) bought or made by yourself? (made – ex: you raise the goats for the milk to make soap – bought – ex: you buy melt & pour products, etc.)

Bought Made If bought, please specify:

4) Are your products scented? Yes No If yes, are they highly scented or lightly scented?

5) Do you use your own molds _____ or commercial molds _____ ?

6) Do you use your own blends and recipes _____ or commercial recipes _____ ?

7) Is the packaging of the product(s) done by you _____ or in a factory _____ ?

8) Is / are your product(s) available in retail outlets? Yes No If yes, where?

9) How many shows (incl. trade, gift, specialty...) per year do you participate in? _____

10) How much time do you personally spend at the shows you participate in? _____ % of show

**PLEASE RETURN WITH YOUR MAIN APPLICATION FORM TO
SIGNATURES SHOWS LTD.**