



RETAIL THERAPY BUSINESS PLAN
SAMPLE FORMAT

Company/Owner Information

Business Name and/or DBA: _____

Contact Name: _____

Business Address: _____

Other Address: _____

Telephone: (Home) _____ (Bus) _____

(Fax) _____ (Cell) _____

(Pager) _____ (Other) _____

Business Information

What are your estimated start-up costs?

Inventory/Stock _____

Display/Fixtures _____

Supplies/Packaging _____

Cash Register _____

TOTAL _____

How will your new retail business be financed? _____

Will you accept credit cards? _____ If so, please list _____

How much time do you plan to work at this location (per week?) _____

How many employees do you plan to hire? _____

Where do you plan to find employees? _____

How will you compensate your employees? _____

What training will you provide your employees? _____

Proposed Business Terms

Description of Business

Type of Space Desired: _____ Cart _____ Kiosk _____ In-Line Store

Lease Term: From: _____ To: _____
(Month/Day/Year) (Month/Day/Year)

Have you ever sold this product before? _____

If so, where? _____

What were sales? _____ What season? _____

Please list any other sales training or business experience. _____

References

Please list business references that may be contacted:

Name:	_____	Phone #:	_____
	_____		_____
	_____		_____

Merchandise/Product Line

Briefly explain your retail concept, business identity, and/or theme _____

Types of merchandise to be sold _____

(Please attach photos, brochures, or catalogs showing merchandise)

Do you have established resources/suppliers for your merchandise? _____

If yes, please describe _____

How long will it take to receive product? _____

List Product Lines and Retail Pricing (Attach additional sheet if necessary)

<u>Product Line</u>	<u>Retail Price</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

What do you estimate as the average sales transaction? _____

What is your profit margin/mark-up (percentage, three times, etc.)? _____

Which products are your best sellers? _____

Projected Sales

What do you estimate as your average monthly sales? \$ _____

Average Sales – Holiday Term (Nov.-Dec) \$ _____

Net Profit Projections (for one month time period)

Sales	_____
-Cost of Goods Sold	_____
=Gross Margin	_____
-Rental Fees	_____

-Payroll _____
-Advertising _____
-Other Expenses _____
Earnings Before Taxes _____
NET PROFIT _____

Visual Merchandising (Cart design requires Visual Merchandiser's Approval)

Describe the visual merchandising plans for your new retail location _____

Types of Fixtures _____

Color Scheme _____

Props _____

Signs _____

Marketing Strategy

What type of packaging will be used (bag, box, etc.)? _____

Are there any special services offered? _____

Who is your target-market customer?

Type of Customer _____

Age Range _____

Household Income _____

Lifestyle _____

What are your plans for advertising? _____

Do you have an existing customer base or following? _____

Do you have a current mailing list or plan to create one? _____

What are your expansion plans? _____

Why will customers buy your product and what will make your business memorable (versus the competition)?

Please return this business plan along with any other additional information you would like to submit for consideration. Include any brochures of your product and/or photos of your business.

This business plan represents an expression of interest in our Specialty leasing Program. It does not constitute an agreement to lease space. If you are approved and accepted into our program, a formal License Agreement will be sent.

Please return to:

Grand Avenue City Mall
275 W. Wisconsin Avenue
Suite 5
Milwaukee, WI 53203