



Store name _____

Store address _____

Contact name _____ Contact phone number _____

Contact email _____ Best time to be contacted _____

Social media handles _____

What *Better Choice Champion* activities interest you the most? _____

I understand that *Better Choice Retailer* is a voluntary program which aims to actively promote healthy foods and healthy lifestyle habits. By becoming a *Better Choice Retailer*, I agree that my store will stay in good standing by meeting minimum criteria for each of four categories: partnership, placement, products, and promotion.

If this store is recognized as a *Better Choice Retailer*, I understand that to maintain participation in this program, I must:

- resubmit an application on an annual basis.
- allow CCHD to conduct site visits to ensure compliance with program standards.
- utilize and display promotional materials (provided by CCHD) so they are easily visible to patrons.
- have no instances of ATUPA violations.
- have no instances of health code violations.
- allow CCHD to list and promote my store on their web page and on various media (such as, but not limited to, print, radio, and social media).

If ownership, physical facility, or products promoted by this program change in any way I will notify CCHD. A change in ownership, the addition or deletion of any part of the facility, and/or the addition, deletion or substitution of any program promoted product may impact the establishment's participation in the *Better Choice Retailer* program.

If this store fails to meet any of the criteria outlined in this packet, the store will no longer be recognized as a *Better Choice Retailer* and will be asked to forfeit all materials provided by CCHD (including, signs, banners, refrigeration units, display stands/ cases. etc.).

I confirm that all information in this application is complete and accurate.

Responsible Party _____

Signature _____ Date _____