



Waltham Responsible Retailing Program Enrollment Form



Please select one:		
<input type="checkbox"/> <i>Membership (\$250/year)</i> <input type="checkbox"/> <i>Booster (\$75/year)</i>		
Store Name:		Days/hours of operation:
Store Address:		
Store phone number:		Email address:
Cell phone number (optional):		
Type of License:		Category:
<input type="checkbox"/> Club <input type="checkbox"/> Package Store <input type="checkbox"/> Inn/Hotel <input type="checkbox"/> Grocery / Convenience Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Other		<input type="checkbox"/> Wine & Malt Only <input type="checkbox"/> Spirits
Your Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:	Last Name:
Do we send the Mystery Shop (MS) Reports to You? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If we do not send the MS Report to you, please provide the name to whom we should send it</i>		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name:	Last Name:
Mailing address for MS Report (if different from store address):		
Signature:		Date:

Number of employees in this establishment who sell alcohol: _____

Please complete an individual form for each additional location.

Return form and payment to:

Email: lisa@rrforum.org **and pay online:** paypal.me/RRForum

Snail Mail:

RRForum

681 Main Street, Suite 325

Waltham, MA 02451