

**THE GIST NATIONAL FAMILY REUNION MARKETPLACE REQUEST**

**Applicant Information**

**Full Name:** \_\_\_\_\_

Last First Middle

**Address:** \_\_\_\_\_

Street Address Apartment/Unit#

\_\_\_\_\_

City State Zip Code

**Email Address:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Business Info**

**Name of Business:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Location of Business (city/state):** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Business Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Social Media Details:** \_\_\_\_\_

**Verification**

I confirm that I am a descendant of Frederick, Solomon, Sampson, Starks, James, Simon, & Renia Gist. I also confirm that this business operates in good faith as defined and established by the Office of the Secretary in the state where the business is domiciled.

**Disclaimer and Signature**

I certify that the above statements are complete and true.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_