

# NHCYF Country Store Cosigner Application | 2022

Cosigner No. (Will be assigned) \_\_\_\_\_

Name: \_\_\_\_\_

Age (Must be 18 or younger): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

Please list the Items that you are selling (There is no limit):

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Label example below:

Peanut Butter Cookies _____
Sally Joe (6)
\$5.00
Sweetened Condensed Milk, Peanut Butter, Egg, Vanilla, biscuit baking mix, Sugar
Made in a home kitchen that has not been inspected

Item Name	<u>NO.</u>
Name & Age (Optional)	
Price	
Ingredients (If applicable)	
Language for baked goods. (If applicable)	

You make your item and set the price. You will receive 100% of the proceeds. Please refer to the information sheet for dates, times, and details.

For more information, contact Katie Kallmeyer, 636-432-3736