



Become a Member TODAY!
Our Fiscal Year is July 1st – June 30th

BUSINESS NAME _____

CONTACT NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

WEBSITE _____

FACEBOOK YES/NO (circle one)

HOW LONG HAVE YOU BEEN IN BUSINESS? _____

WHAT TYPE OF BUSINESS? Retail, service, restaurant, etc _____

OTHER ADDITIONAL CONTACTS AT YOUR BUSINESS THAT YOU WOULD LIKE ON THE EMAIL LIST?

NAME _____ EMAIL _____

NAME _____ EMAIL _____

NAME _____ EMAIL _____

NAME _____ EMAIL _____

Please send proof of insurance (see below), application & check payable to Downtown Manitowoc to:

**Downtown Manitowoc
PO Box 845
Manitowoc, WI 54221-0845**

As a member of Manitowoc City Center Association we require that you provide us with evidence of insurance with the minimum requirements outlined below:

Commercial General Liability (Occurrence Form)

General Aggregate (other than Prod/Comp Ops Liability)	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal & Advertising Injury Liability	\$1,000,000
Each Occurrence	\$1,000,000