

BUSINESS OR ORGANIZATION INFORMATION

First Name	:													
E-mail	:					Date Of Applicatio		:	D	D	М	М	Y	Y
Business Info:	:													
Phone	:					Fax		:						
City	:					State		:						
Business Owne	r	Yes	No	Busin	ess In Op	eration?	Ye	s		No				

COMPANY OPERATION QUESTIONS

Length of time in business.?	:	:						
Year Established	:			Business has a				
				website, email				
Business Launch Date	:		If opened post pandemic	and other community reaching tools.				

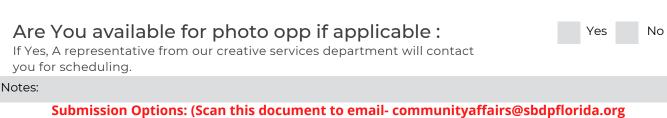
Marketing for this event only:

SBDPFLORIDA Community Affairs Department may use your logo and company theme to promote the community event named above only. Any other event is prohibited without prior permission.

Yes

No

Notes:



(Subject: Nomination) or Mail to: P.O. Box 740691 Orange City Florida 32774