



NOMINATION APPLICATION

P.O. Box 740691

386-243-9735 ext 1 (Help Desk)

www.smallbusinessdevelopmentprogram.info

Email: communityaffairs@sbdpflorida.org

Local Business Hall of Fame

Application Form



Office Use Only

ID No :

Date :

Community Affairs Dept. Notes



BUSINESS OR ORGANIZATION INFORMATION

First Name :

E-mail : Date Of Application :
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Business Info: :

Phone : Fax :

City : State :

Business Owner ☐ Yes ☐ No Business In Operation? ☐ Yes ☐ No



COMPANY OPERATION QUESTIONS

Length of time in business.? :

Year Established :

Business Launch Date : If opened post pandemic

☐ Business has a website, email and other community reaching tools.

Marketing for this event only :

☐ Yes ☐ No

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.

Notes:

Are You available for photo opp if applicable :

☐ Yes ☐ No

If Yes, A representative from our creative services department will contact you for scheduling.

Notes:

Submission Options: (Scan this document to email- communityaffairs@sbdpflorida.org (Subject: Nomination) or Mail to: P.O. Box 740691 Orange City Florida 32774