



BUSINESS INFORMATION FORM

Business Name			
Business Category	<input type="radio"/> Retail/Specialty Shop <input type="radio"/> Food & Dining <input type="radio"/> Accommodation <input type="radio"/> Professional Services <input type="radio"/> Other: _____	<input type="radio"/> Health Care <input type="radio"/> Creative Professional <input type="radio"/> Agriculture <input type="radio"/> Manufacturing	
Owner Name(s)			
Manager Name(s)			
# of Full Time Employees		# of Part Time Employees	
Business Address			
Mailing Address			
Email address			
Website			
Primary Phone #		Alternate Phone #	

Operating Hours: SUMMER

MON	
TUE	
WED	
THU	
FRI	
SAT	
SUN	

Operating Hours: WINTER

MON	
TUE	
WED	
THU	
FRI	
SAT	
SUN	

Business Description (100 words):

Key Product Categories/Services Offered (Up to 6):
