

Small Business of the Year Award Nomination Form

Small Business:

A business with no more than 40 full-time employees or full-time equivalent.

Business: _____

Owners: _____ # of Employees: _____

Business Address: _____

Business Phone: _____ Home Phone: _____

How long have you been in business? _____

Briefly describe the community activities and organizations that the owner(s) have participated. Please also include any offices held.

Please describe the business, its past performances and reliability as best you can.

Business history.

Briefly describe why this business should be named "Small Business of the Year?"

Submitted by: _____ Your phone: _____
(Self-nominations accepted)

Please also submit a brief history of your business.

Your name: _____ Your phone: _____

Nominate the Chamber member you know who fits the "Small Business of the Year" description and send it directly to the Chamber:

Email: office@hanoverchamber.com

Fax: 717-637-9127

Mail: 146 Carlisle St., Hanover, PA 17331

Nominations must be received by **October 6, 2017**.

