

New Business Ribbon Cutting

COMPANY INFORMATION	
Company Name:	
Address:	
Business Owner(s) Name:	
Business Owner(s) Telephone Number:	

PLEASE ANSWER THE FOLLOWING QUESTIONS

1.	Will you be planning your own grand opening for your new business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you interested in the City of East Chicago assisting in a ribbon cutting ceremony for your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If so, will you be providing your own materials for the ribbon cutting ceremony?	<input type="checkbox"/> Yes <input type="checkbox"/> No- I will be in need of: (circle one) Scissors, Ribbon, or Both
4.	Are you interested in being featured on the City Facebook page, EC Life Newsletter, or ECTV? (You must provide your own flyer and promotional material to share online)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you a member of the Lakeshore Chamber of Commerce? If not, are you interested in becoming a member contact their office at: (219) 931-1000.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Departmental Use only:

<input type="checkbox"/>	Date of Business License Approval:	Month:	Day:	Year:
<input type="checkbox"/>	Date of Ribbon Cutting Ceremony:	Month:	Day:	Year:
<input type="checkbox"/>	Contact made to Multimedia	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No		