

24TH ANNUAL KOSBE AWARDS



SMALL BUSINESS NOMINATION FORM

EMAIL COMPLETED FORM TO ABHAVE@KINGSPORTCHAMBER.ORG

SELECT ALL THAT APPLY X

- Locally-owned and operated franchise New business Young entrepreneur Woman-owned Veteran-owned
 Food Service Manufacturing Retail Construction

Name:	Business:	Business Description:
Address:	City:	Zip:
Phone:	Email:	Web Site:
Start Date:	# of Employees incl. Owner:	Does Business meet ALL entry criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No

List community involvement/service. i.e., charities, volunteerism, activism, projects, etc.

List business accomplishments or highlight your success story.

List marketing activities. i.e., web site, advertising, tradeshow, networking, presentations, social media, etc.

Tell us about best practices. How does business maintain performance excellence? i.e., processes, systems, procedures, etc.

Tell us about future plans for growth and or goals.

Nominated by:

Email:

Phone: