



Application for Business Recognition

Please submit all completed applications to clerk@mulmur.ca

DATE RECEIVED _____

Roll Number: 22-16-000-00____ - _____-0000

1. Business Information	
Legal Name of Business	Business Operating Name:
Mailing Address	Postal Code
Email	Telephone:
Name of Owner/Contact:	
2. Business Location (if different from mailing address)	
Street/Emergency No.	Street/Road
3. Nomination Information (if application)	
Name of Nominator:	Telephone:
Address	Postal Code
Email	
4. Recognition	
Business Recognition is for:	
<input type="checkbox"/> New Business <input type="checkbox"/> Length of Service Award (5 year increments) <input type="checkbox"/> Outstanding Achievement	
<u>New Businesses</u>	
Date of Opening: _____	
Tell us about yourself and the business. (Please include as a separate attachment)	

Length of Service

Date of Opening: _____

Length of Service achieved this year: _____

Tell us about yourself and the business. (Please include as a separate attachment)

Outstanding Achievement

Tell us about yourself and the outstanding achievements of the business. (Please include as a separate attachment. Letters of support and/or photos are also encouraged.)

5. Other

Please include any other information you feel would support the application.