



SOUTHLAKE CITY COUNCIL

Business Assistance PROGRAM

Southlake Chamber of Commerce Member Application

Business: Number of Employees:

Business Address: Year Established:

Website:

Business Title: Phone:

Contact Name: Email:

The following questions are intended to provide clarity to the Mayor/City Council member so they can better assist you. This information will not be shared with the public.

Describe your current business model:

Describe what your business needs assistance with:

Describe 3 key issues that you are experiencing related to the assistance needed:

For Southlake Chamber of Commerce and City of Southlake administrative purposes

Southlake Chamber of Commerce Date Received:

Mayor/Council Member Assigned:

City of Southlake

Date/Time of Appointment: