



## **SAFETY HARBOR CHAMBER OF COMMERCE 2020 NEW BUSINESS OF THE YEAR AWARD**

**Seek out the brightest success stories and present them as nominees for the  
Safety Harbor Chamber of Commerce Business of the Year Award  
(We encourage you to nominate your own business)**

### ***Criteria:***

Nominees must be:

- A member in good standing of the Safety Harbor Chamber of Commerce.
- A licensed, locally owned and operated company.
- In operation for less than two years.

### ***Nomination Procedures:***

Please submit the **General Information** form (page two), along with answers to the following four (4) questions as to why the business deserves the title "Safety Harbor Chamber of Commerce NEW Business of the Year".

1. Please describe the company's business plan and marketing strategies.
2. Illustrate some examples of how this business demonstrates good and ethical business practices (i.e. employee, vendor or customer relations, communications, etc.)
3. Describe how the business contributes to the community, either by the company or the individuals within it.
4. What differentiates this company and/or product from the competition? Illustrate examples of creativity and imagination of a product or service offered that contributed to getting the business started.

### ***Guidelines:***

Please limit the total presentation to three (3) sides of a page and answer each of the four (4) questions above. Include the name and phone number of the person submitting the nomination, General Information Form and submit the nomination via e-mail, mail or in person to Susan Petersen **no later than Tuesday, September 15, 2020**. The identity of the winners will be made known at the Safety Harbor Chamber of Commerce Annual Dinner 2020. Any financial information and any proprietary information that you disclose will be confidential for use only by the judging panel.

**SAFETY HARBOR CHAMBER OF COMMERCE  
2020 NEW BUSINESS OF THE YEAR NOMINATION**

**GENERAL INFORMATION**

Please provide the following information on the business being nominated:

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

How long has the company been in business: \_\_\_\_\_

Is the company locally owned and operated? \_\_\_\_\_

What is the total number of employees? \_\_\_\_\_

All information is confidential. **Please submit this form along with your nomination  
which should include the answers to the four (4) questions on page one.**