

Newark Chamber Ribbon Cutting Request Form

Your Company name: _____

Owner(s) or manager's name(s): _____

Address: _____

Phone: _____ Email: _____

Web Address: _____

Date & time you would like to hold event? (Ribbon Cuttings are generally scheduled on 2nd & 4th Tuesdays & Thursdays, 5:00pm – 7:00pm. Please indicate one to three preferred dates for your event so we can confirm availability of the Mayor, Chamber board members, and avoid calendar conflicts. If you are suggesting days and times other than noted above, please indicate below.)

1st choice: _____

2nd choice: _____

3rd choice: _____

Is this company independently owned, a franchise, or branch? _____

Why did you choose Newark to locate or expand, or choose this business or career? or, what benchmark are you celebrating? (ex: 15th anniversary, new ownership, opening, or expansion, etc.)

(Optional) Is there some personalized information you would like the Mayor to share in his remarks? For ex: your business or personal involvement in Newark, now, or prior to opening; do you live or did you grow up in Newark or nearby, or go to school here? Hobbies? Family?
