

Smiths Falls & District Chamber of Commerce Application and Business Information Form

(Print or save document and return by mail, email, fax or in person at our Chamber office)

Name of Business	
Phone Number	
Fax Number	
Contact Name	
Street Address	
Town and Postal Code	
Email Address	
Website	
Type of Business (Circle One)	Retail Industrial Service/Professional Other
Year Business Started	
Number of Employees	Full Time: Part Time (24hrs or less):
Provide a brief description of products or services.	
Any additional information. (History, biography, interesting facts).	
Contact names that qualify to vote on behalf of above business (maximum of 2 if corporation or partnership).	
Please check boxes to allow chamber to place website and email address on our website. Website <input type="checkbox"/> Email address <input type="checkbox"/>	
Date:	Signature: