

RIBBON CUTTING REQUEST POLICY AND AGREEMENT

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Check all that apply:

- |                        |                    |                                |
|------------------------|--------------------|--------------------------------|
| _____ Ribbon Cutting   | _____ New Business | _____ Ground Breaking          |
| _____ Open House       | _____ Relocation   | _____ Expansion                |
| _____ Re-Grand Opening | _____ Renovation   | _____ Anniversary (What year?) |

1st Choice:      Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

2nd Choice:      Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

3rd Choice:      Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_

Check the Chamber Event Calendar [mercercc.com/calendar/](http://mercercc.com/calendar/) for any conflicts.

We'd like to promote any additional things you may be doing for your event.

- What type food? (Ex: subs, pizza, hors d'oeuvres) \_\_\_\_\_
- List Door prizes, coupons, discounts, etc. \_\_\_\_\_
- Other: \_\_\_\_\_

When did you open? \_\_\_\_\_

Business Description: \_\_\_\_\_

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Why did you choose to open in business in Mercer? \_\_\_\_\_

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Owner(s) Background: \_\_\_\_\_

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I agree with the responsibilities of the Chamber of Commerce and of my business as outlined above and will abide by them. I understand that the Chamber of Commerce does not guarantee the attendance of any invited members.

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

For best advertising results - submit the completed Ribbon Cutting Request Form one month prior to your event to [info@mercerc.com](mailto:info@mercerc.com) or drop off at the Mercer Area Chamber of Commerce office.

