



## New Business Welcome to Town Program Application

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

Business Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please select the following services that you would like from the Crossfield Chamber of Commerce and/or the Town of Crossfield  
*(Please note that all these services are provided to you at no charge)*

**Ribbon Cutting Ceremony\***

(The Crossfield Chamber of Commerce will arrange for attendance by the Chamber Welcoming Committee, the Mayor\*\* Council\*\*, and the local press\*\*)

**Date and time or Ribbon Cutting Ceremony:** \_\_\_\_\_

*Application must be received minimum 3 weeks prior to date. Please email application to info@crossfieldchamber.org*

**Introduction of you and your business at a regular Chamber Meeting.**

**Introduction of you and your business at a Town Council Meeting**

**News Article on the Crossfield Chamber of Commerce Website and the Town of Crossfield Website**

*(Please fill out the Profile Section of this Application)*

**A Business Feature Spotlight in the monthly Crossfield Chamber Newsletter and in the bi-monthly Town of Crossfield Newsletter**

*(Please fill out the Profile Section of this Application)*

*\*At this time, we are unable to provide Ribbon Cutting Ceremonies for home-based businesses.*

*\*\*Attendance will depend on availability.*

**Short Biography of the New Owner:**

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**Description of Services Provided at Your Business:**

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**Location of your Business:**

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**Business Hours:**

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**Contact Information for the Public:**

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**Other Important Information You Would Like Included:**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_