Small Business of the Year

1-25 Employees

NOMINATION FORM

Selection Criteria

- Must be a Little Falls Area Chamber of Commerce member.
- Be involved with the Chamber, either a committee, event or financial support.
- Encourages employees to be involved within the community.
- Promotes betterment of the community and/or business community.
- Provides family-friendly work environment.
- Provides a supportive work environment with on-going training and education of employees.

Name of Nominated Business: _____

Name of Nominated Business Owner/Manager: _____

Date of Nomination: _____

Reason for Nomination: _____

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Nominated by: _____

All nominations must be submitted no later than Friday, January 20, 2012.

Small Business of the Year will be chosen by the Outstanding Service Committee and awarded at the Chamber Annual Meeting. All nominations will be considered.

Return completed nominations to the

Little Falls Area Chamber of Commerce
200 1 St NW
Little Falls, MN 56345
(320) 632-5155, phone
(320) 632-2122, fax
email: assistance@littlefallsmnchamber.com