

ADVOCACY REQUEST REGARDING A BUSINESS
Florissant Valley Chamber of Commerce

Business Name: _____

Business Owner: _____

Proposed Business Address: _____

Purpose(s) of the Request: _____

For further information, call: _____

The Nature/Scope of Business: _____

Projected Community Impact: _____

Positive aspects: _____

Issues/concerns: _____

Impact on neighbors: _____

Impact on similar businesses: _____

Need for Business: _____

of current employees: _____

of new employees to be hired during first year of doing business in the community: _____

Response needed by (date): _____

Individual making request: _____

Signature: _____ Date: _____

Relationship of signatory to the business: _____

For Committee and Board Action

Recommended to Board for Action: _____ Date: _____

Not Recommend to Board: _____ Date: _____

Board Action: _____ Date: _____