

# Haywood Chamber of Commerce Small Business of the Year Award Application

Company Name:	
Street Address: City/State/Zip:	
Phone:	Email:
	omeone outside the company, please complete the
following:	
Nominated by:	
Street Address:	
City/State/Zip:	
Contact Name:	
	E-mail:
Eligibility Requirements:	
Must be a Haywood County Chambe	er of Commerce member and under 50 employees
Number of employees:	
In business since:	
Previous Year Gross Revenues:	

Financial information is only shared with the judging committee during the judging process & is destroyed immediately after.

General Information (Please attach additional pages for lengthy responses) In what industry is your business?

What are your company's core values, goals, and overall mission?

What are your principal products and/or services?



Who are your primary customers?

Please provide a brief history of your business (e.g., how it started, major changes, developments)

# Employment Practices What benefits do you offer your employees? Please check all that apply. Health Plan Paid Vacation Paid Sick Leave Retirement Plan Bonus Employee Awards Progran

Describe any innovative strategies used for recruiting, retaining, and /or rewarding your employees:

What type(s) of training do you provide your employees?

### **Community Involvement**

Describe how your business gives back to the community.



# **Customer Service/Satisfaction**

How does your business make its customer service stand out?

How do you measure customer satisfaction?

# Entrepreneurship

What are the greatest obstacles and/or challenges that your business has faced? How have you and your business overcome them?

# **Certification of Accuracy**

I certify, to the best of my knowledge, that the information contained in this application is accurate. Printed name: Title: Email Address: Signature:

Date:

Email Completed Application to: CeCe Hipps chipps@haywoodchamber.com Due by: May 5 by 5:00 p.m.