



# TOWN OF ISLIP

## 2016 SMALL BUSINESS AWARD NOMINATION FORM

Company Name: \_\_\_\_\_

Contact Name(s) & Title: \_\_\_\_\_

E-mail Address & Website: \_\_\_\_\_

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

Phone #/Fax#: \_\_\_\_\_

Year Established: \_\_\_\_\_ Current Number of Employees: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Principal Product or Service: \_\_\_\_\_

Please give a brief summary of why you are nominating this company (i.e. business success, service to the community): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nomination Submitted by: \_\_\_\_\_

The following ***MUST*** be included with this Nomination Form or the company may not be considered for the award:

- ✓ Copy of Company Business Card
- ✓ Summary / Biography of the Company/Must be located in Islip for at least 5 years
- ✓ Please return this form no later than September 30<sup>th</sup> (email to [akahl@islipny.gov](mailto:akahl@islipny.gov))