



# RIBBON CUTTING REQUEST

Please return this form to Tessa - [tmiller@washmo.org](mailto:tmiller@washmo.org)

BUSINESS NAME: \_\_\_\_\_

*We recommend scheduling at lunch, or after 4 p.m., so more people are able to attend!*

Preferred DATE: \_\_\_\_\_ Preferred TIME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

## SPECIAL NOTES:

### CORRESPONDING EVENT INFO

(if applicable - Grand Opening Celebration, Luncheon, Etc):

\_\_\_\_\_

### OTHER RELEVANT BUSINESS INFO

(hours, items/services offered, etc.)

\_\_\_\_\_

## WASHINGTON AREA CHAMBER OF COMMERCE

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