



# Rocky Mount Area Chamber of Commerce Small Business of the Month Nomination Form

Date Submitted:

Nominated By:

Contact Number:

Chamber Member: Yes  No

**Please enter the company information for the company you are nominating:**

Name:

Company:

Address:

City/State/Zip:

Email Address:

Telephone Number:

Business:

Cell:

**How has this company developed an outstanding or growing business?**

**Please indicate how many employees this company has?**

**Please indicate how long this company has been in business?**

**Please indicate if there has been any job growth with this company and if so how much.**

**Please indicate any innovative product(s) or service(s) for this company.**

**Please indicate if this company has experienced any sales growth volume and by how much.**

**Please indicate any community involvement and/or contributions made to our community.**

**Please indicate if and how this company has overcome adversity.**