



Entrepreneur of the Quarter Application

Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Number of Employees: _____ (Two part time employees = One full time employee.)

Year Business Established: _____ Number of years in business in Cherokee County: _____

Type of Business (Manufacturing, Retail or Service): _____

Involvement in the Community & Chamber (Attach additional sheets if necessary):

Impact on business/professional field. Include Awards/Recognitions. (Attach additional sheets if necessary):

Nominated By: _____

Name

Title

Date Submitted** : _____

**Applications will remain under consideration during the calendar year that they are submitted.

Return Application Via Fax (770-345-0030) or Mail to:

**Entrepreneur Recognition
c/o Cherokee County Chamber of Commerce
P.O. Box 4998 -- Canton, GA 30114
Questions? Phone the Chamber...770-345-0400.**