



# St. Clair Business of the Month Nomination Form



**Please complete the following information about the business you are nominating. Please print clearly.**

Name of Business: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please describe why you selected the above nominee. If more space is needed, please attach separate sheet.**

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**Please PRINT the following information.**

Signature of person making nomination: \_\_\_\_\_

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

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

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**May we let the Nominee know who nominated them?** \_\_\_\_\_

**Submit in an envelope clearly marked with the Business of the Month to:**

St. Clair Area Chamber of Commerce  
920 Plaza Drive, Ste F  
St. Clair, MO 63077