



RIBBON CUTTING REQUEST FORM

DATE OF RIBBON CUTTING _____

TIME OF RIBBON CUTTING _____

- GRAND OPENING / RE-OPENING
 UNDER NEW OWNERSHIP
 ANNIVERSARY
 RE-MODELED
 OTHER _____

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Please provide the following information for the City of Rancho Santa Margarita to prepare a "Certificate of Recognition".

BUSINESS NAME (AS SHOULD APPEAR ON CERTIFICATE) _____

BUSINESS ADDRESS _____

CITY/STATE/ZIP _____

CONTACT NAME _____ TITLE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

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Please tell us about your business.

How long you have been in business? _____

What kind of business it is, what do you do or sell? _____

Does the owner live in the City of RSM? _____

Do you have a Mission Statement or a stated goal? _____

Is your business a franchise? _____

Please provide any additional information _____