



**LONGMONT ECONOMIC DEVELOPMENT PARTNERSHIP
LOCAL BUSINESS ADVISORY COMMITTEE APPLICATION**

Applicant Name: _____

Business Name: _____

Title: _____

Business Address: _____

Business Phone: _____

Alternate Phone: _____

Email Address: _____

What is the best way to contact you? _____

What type of business do you represent (check all that apply):

- Retail
- Both Retail and Wholesale
- Professional Service
- Other Service
- Restaurant/Brewery & Distillery/Hospitality
- Construction/Landscaping
- Real Estate/Mortgage
- Banking
- Medical/Dental
- Marketing/Graphic Design/Web/PR
- IT
- Other _____

Are you a Longmont resident? Yes No

Have you ever been employed by the City of Longmont? Yes No

Do you or the business you work for do business with the City? Yes No

Longmont Economic Development Partnership

630 15th Avenue, Suite 100A

Longmont, CO 80501

303-651-0128

longmontedp@longmont.org

WWW.LONGMONT.ORG

ADVANCE LOCAL BUSINESS



Are you currently serving on any other Boards or Committees? Yes No

If yes, please list the Boards and Committees that you are currently serving on and some of the major accomplishments those Boards/Committees have made while you have served on them.

Tell us briefly about yourself, why you are interested in serving on the Local Business Advisory Committee and what specific talents or expertise you would bring to this Committee.

What do you see as the role and responsibilities of this Local Business Advisory Committee?

What do you see as some of the major issues facing local Longmont businesses today and in the next few years?

In what ways do you feel that the City of Longmont and the Longmont Economic Development Partnership can be of more assistance to the local business community?

If appointed, what would you like to accomplish on this Local Business Advisory Committee?

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ADVANCE LOCAL BUSINESS



If appointed to serve on the Local Business Advisory Committee for a two year term, will you commit to making monthly committee meetings a priority? Yes No

Are you willing and able to set aside extra time for training and preparing for the Committee meetings? Yes No

Are you committed to working collaboratively with the other Committee members? Yes No

Applicant Signature: _____ Date: _____

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