

## Rising Star Award ~ 2018

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Addr	ess:	<u>-</u>	
			Zip Code:
Repr	esentative:	Tit	le:
1.	What is the primary business of your company?		
_			
2.	What is the location of your company's headquarters:		
3.	Circle the following that best describes your company:		
	Sole Proprietor	LLC	Franchise
	Corporation	Partnership	Non-Profit
4. -			
5.	How many people were employed part-time on January 1, 2018		
6.	How many people were employed full time on January 1, 2018		
7.		yment growth for the 2017 Calend	
	Decrease	Increase 0-9%	Increase 10-19%
	Increase 20-29%	Increase 30-39%	
		f years your company has been i	in business, please
comp	plete numbers 8 and 9:		
8.	Full Time Equivalents (FTE*) were employed on January 1 for each of the last two fiscal years:		
	2016: 2017:		
9.	Gross Revenue or Percentage Revenue Increase for the fiscal year ending on December 31 for		
	each of the following:		
	(Ir	n 000's)	(nearest 5%)
	Gross Revenue in 2016: Or Percentage Increase over 2015:		
	Gross Revenue in 2017: Or Percentage Increase over 2016:		
10.	What is your Estimated Gross Revenue in 2017 or Percentage Growth over 2016?		
	Gross Revenue in 2017: Or Percentage Increase over 2016:		
	Es	timated	Estimated
11.	Please provide one business reference such as accountant, banker, certified financial planner, attorney		
	etc.		
	Name:	Firm: _	
	Phone:	Email: _	
12.	Please provide one business customer as a reference.		
	Name:	Firm: _	
	Phone:	Email:	
13.	Is there any pertinent information about your business that should be considered?		
14.	Application completed by:		
	Title:	Phone:	Email:
			Date:

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<sup>\*</sup> A full time employee is 1 FTE and a half time employee is ½ FTE