

City of Chandler PPE Kit Program



****EMAIL YOUR APPLICATION TO THE Contractor of the program CHANDLER CHAMBER OF COMMERCE****
 Mail to: ppekit@chandlerchamber.com | For questions, call (480) 963-4571

SECTION I. BUSINESS INFORMATION

Business Name (Entity followed by DBA)			
Business Location Address		Number of Employees (at this location)	
City, State, ZIP Code		Business Phone (Including Area Code)	
Start Date In Chandler (REQUIRED)	E-mail address	City Business Registration #	Federal ID # / EIN #

SECTION II. BUSINESS TYPE

Retail Sales
 Restaurant/Bar
 Amusement
 Construction Contracting
 Service Based
 Wholesaler
 Manufacturer
 Commercial Rental
 Hotel/Motel
 Professional Services
 Healthcare
 Technology
 Other _____

SECTION III. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter Care-Of Name

Mailing Address

City, State, ZIP Code

Phone (Including Area Code)

SECTION IV. BUSINESS OWNER (APPLICANT) INFORMATION

Owner Name

E-mail address if different from above

Home Address

City

State

ZIP Code

Phone

SECTION V. DECLARATION OF BUSINESS OWNER (APPLICANT): I certify that the business identified above

Is located within the municipal boundary of the City of Chandler	Yes <input type="checkbox"/>
Is not located within a residential property	Yes <input type="checkbox"/>
Is not operating as a Non-Profit, Not-for-Profit, 501(c)(3) or 501(c)(6), 501(c)(4), 501(c)(9), 501(c)(16)	Yes <input type="checkbox"/>
Has an active Business Registration through the City of Chandler's Tax & License Division	Yes <input type="checkbox"/>

SECTION VI. INFORMATION ON PPE KIT AND DISTRIBUTION ADDRESS AND TIMES:

Once your application has been approved, you will be contacted with a date/time to pick up your PPE Kit.

SECTION VII. BUSINESS OWNER (APPLICANT) SIGNATURE

I certify that the statements made in this application are true and complete to the best of my knowledge.

Name	Signature	Title	Date
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Chamber Staff Use Only Below This Line

Application Reviewed By	Application Approved?	City Business Registration #	Federal ID # / EIN #	Signature from Business Rep picking up PPE KIT	Date
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