

## **Ribbon Cutting Application**

Business Name:					
Physical Address for Ribbon (	Cutting:				
City	State	Zip Code_			
NOTE: Before completing the res Cutting" Brochure.	st of this application, please re	eview the "Guidelines	and Tips t	o a Successf	ful Ribbon
<ul> <li>purposes.</li> <li>Ribbon Cutting Ceremo chamber schedule)</li> <li>Ribbon Cuttings are res</li> </ul>	ations must be received 2 we nies are only held on Tuesda erved for business openings, event does not meet the qualif approve your event.	y at 10:00am or 4:00p new location/ relocati	m. (Subje on, and ex	ct to the avai	lability of at include
PLEASE ANSWER THE FOLI	OWING QUESTIONS TO	BETTER PREPARE	E FOR YO	OUR EVEN	Г:
Date of Ribbon Cutting:		Please Circle	a Time:	10:00am	4:00pm
Will this be a joint Ribbon Cutt	ing with the Auburn Chamb	per of Commerce?	YES	NO	
Will you provide food and drin food and drinks yourself. If you c	•	•			•
Will you offer handouts, coupo	ons, door prizes, business c	cards, samples, give	aways, e	tc.? If so, wi	nat will

Will you have decorations/music for your event? If so, what kind?

Who will be speaking on behalf of the business at your ribbon cutting? Please list their name and position.

What do you expect to get out of your Ribbon Cutting?

they be?

NOTE: The Opelika Chamber will work with you in the case of inclement weather on the day of your scheduled Ribbon Cutting.

The Opelika Chamber looks forward to working with you on creating a GREAT Ribbon Cutting event!

601 Avenue A • P.O. Box 2366 • Opelika, AL 36803 • (334)745-4861 www.opelikachamber.com