



## ***Business of the Quarter***

### **Nomination Form**

☐ Business    ☐ Non-Profit Organization

Within the last quarter, did the business you are nominating:

☐ Experience Growth?    ☐ Reach a Goal?    ☐ Acquire a Certification?    ☐ Serve the Community?

Business Name: \_\_\_\_\_

Owner/Contact Name: \_\_\_\_\_

Tell us why you think this business should be Business of the Quarter: \_\_\_\_\_

---

---

---

---

*Nominees must be members in good standing with the Penrose Chamber of Commerce.  
Please return nominations to 103 Broadway, Unit 10, Penrose, CO 81240 or by email at [penrosechamber@gmail.com](mailto:penrosechamber@gmail.com).*