Historic Downtown
THREE RIVERS
A MAIN STREET COMMUNITY

THREE RIVERS DDA/MAIN STREET NEW BUSINESS FORM

Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Indicate your preferred contact: _____

Type of Business: _____

Intended hours of operation: _____

Location of Business: _____ **Building Owner** ☐ **Tenant** ☐

- **Would you like to be involved with the Main Street program?**
  ☐ **Help with events only** ☐ **Sit on a committee for an annual event.**
- **Serve on a committee that meets regularly?** ***(Please check the committee of your preference; see explanation of each committee):***

☐ **Organization**
(Volunteers, Communication, Fundraising)

☐ **Economic Vitality**
(Business retention & Recruitment, Real Estate)

☐ **Design**
(Public Improvements, Historic Preservation)

☐ **Promotions**
(Marketing, Branding, Event Planning)

What are your interests? (Example: graphic design, crafts, event planning, visiting businesses, tracking volunteer hours, historic preservation, organizing events, etc.)

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