24TH ANNUAL KOSBE AWARDS

IMPACT NOMINEE FORM $75

EMAIL COMPLETED FORM TO ABHAVE@KINGSPORTCHAMBER.ORG

Select all that apply.

☐ Current Applicant ☐ Past KOSBE Award Winner

NOMINATOR CONTACT INFO

Name:	**Business:**	**Business Description:**
Address:	**City:**	**Zip:**
Phone:	**Email:**	**Web Site:**

NOMINEE CONTACT INFO

Name:	Business:	Business Description:
Address:	City:	Zip:
Phone:	Email:	Web Site:

What significant impact has this individual had on your small business or the small business community as a whole? Explain why you are nominating him or her.

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