



# RELATIONSHIP RATE PARTNERSHIP APPLICATION

If your business has another location or you own another business, this secondary business is eligible for a special Relationship Rate Bureau Partnership!

**ABOUT YOUR SECONDARY BUSINESS** Same rates apply for a tertiary business.

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

Primary CVB Partner Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Direct Phone Number: \_\_\_\_\_

Is your establishment dog-friendly?  Yes  No

**The bolded questions below apply to restaurants and drinking establishments only.**

**Do you offer a Happy Hour?**  Yes  No

**If so, then on which days/during which times?** \_\_\_\_\_

**Which meals does your establishment serve?** (Please check all that apply.)

- Breakfast**       **Dinner**
- Brunch**       **Dessert**
- Lunch**

Website Search Terms

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Additional Contact #1 (Optional)

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

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Contact #2 (Optional)

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

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**ANNUAL INVESTMENT**

Discounted Relationship Rate: **\$110, with additional existing Partnership**

**CREDIT CARD PAYMENT** Card Type: Visa | MasterCard | Discover | American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Partnership fees are not deductible as charitable contributions for federal income tax purposes, but may be deducted as a necessary business expense. If you would like to pay via check, please mail payment and application to the address below.