BETTER BUSINESS COUNCIL
MANATEE CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION FORM

Date of application: _____

1. Date business was established: _____ How long doing business in this area: _____ *(Min. of 12 months doing business locally to be eligible)*
2. Company name: _____ *(As registered on Sunbiz.org/The Florida Dept. of State Division of Corporations)*

   If doing business as, or ficticious name on Sunbiz.org, please note: _____

   Address: _____ City/ST/Zip _____

   Phone: _____ Fax: _____ E-mail: _____
3. Owner's Name: _____ Contact Person (if different): _____
4. Number of employees excluding 1099: _____
5. Please provide a brief description of your business or profession: _____

   _____
6. Type of business: ❑ Corporation ❑ LLC ❑ Sole Proprietor ❑ Partnership ❑ Non-Profit ❑ Other: _____

   If Incorporated, please indicate date: _____ *In which state Incorporated:* _____
7. Is your company a branch, subsidiary or franchise of another firm? ❑ YES ❑ NO (*If yes, please provide name and address of parent firm:)*

   Name: _____

   Address: _____
8. Is your business governed by the Department of Business and Professional Regulation, the Department of Agriculture & Consumer Services, or any other state agency or branch? ❑ YES ❑ NO

   If license is required, please indicate which agency or branch: _____ License number: _____
9. Please provide the following insurance information ***if required*** for your type of business:

GENERAL LIABILITY INSURANCE: ❑ NOT REQUIRED | Carrier name: _____
Policy # _____ Agency: _____ Phone: _____

WORKER'S COMP INSURANCE: ❑ NOT REQUIRED | Carrier name: _____
Policy # _____ Agency: _____ Phone: _____
(Not required if three (3) employees or less for non-construction businesses)

COMMERCIAL VEHICLE: ❑ NOT REQUIRED | Carrier name: _____
Policy # _____ Agency: _____ Phone: _____

BOND: ❑ NOT REQUIRED | Carrier name: _____
Policy # _____ Agency: _____ Phone: _____

10. Please provide 2 business and 2 customer references whom we may contact:

Company: _____ Customer: _____
Contact: _____ Phone _____ Contact: _____ Phone _____
Email _____ Email _____

Company: _____ Customer: _____
Contact: _____ Phone _____ Contact: _____ Phone _____
Email _____ Email _____

11. All cities in Manatee County require a Local Business Tax Receipt. If you are located within one of these cities, or are transacting business within these cities, we suggest you contact the appropriate city office to be sure you are in compliance.

12. Please include first year dues of $75 with application (Contributions or gifts to the Manatee Chamber of Commerce are not deductible as charitable contributions for income tax purposes. However, dues may be tax deductible as an ordinary and necessary business expense subject to restrictions imposed as a result of Chamber lobbying activities. The Manatee Chamber of Commerce estimates that the nondeductible portion of your dues is 4%).

PLEASE RETURN COMPLETED FORM TO: Manatee Chamber of Commerce, Better Business Council
PO Box 321, Bradenton FL 34206 or fax to 941-745-1877 • Dawn Plavak, Manager 941-748-1325 • DawnP@ManateeChamber.com

NOTE: PLEASE SIGN AND DATE MEMBERSHIP AGREEMENT ON BACK OF THIS APPLICATION.

BETTER BUSINESS COUNCIL
MANATEE CHAMBER OF COMMERCE

MEMBERSHIP AGREEMENT

By applying for membership in the Better Business Council (BBC), I hereby agree to:

- Adhere to truth and integrity in all business and customer transactions;
- Respond promptly to any complaint with all effort towards reaching a fair and reasonable settlement for all parties;
- Submit to mediation with the "Citizen's Dispute Settlement Program" after all reasonable effort has been made to resolve disputes
- Support and comply with the policies, procedures, and guidelines of the Chamber's Better Business Council;
- Respond promptly to periodic requests for confirmation and/or updates of information when requested by the Better Business Council;
- Notify the Better Business Council of any change in ownership of business or other information provided on original application form; BBC membership is non-transferable. In the event of a transfer of ownership, the new owner(s) would be permitted to re-apply for membership after a 12-month waiting period from the date of transfer.

I understand that the Better Business Council will accept consumer complaints from time to time, and that such complaints may be filed against my business. I further understand that acceptance to the Better Business Council does not imply endorsement of my firm or product and may not be used as such. The Better Business Council has no legal authority and does not presume either party to be at fault in a dispute, but works as a mediator to resolve issues that arise in the normal course of doing business. Non-compliance with the above may result in the termination of my membership.

Signed _____ Date _____

Owner/Principal