

COMMERCIAL CONSUMERS

Check up to two that describe your business.

- Restaurant Caterer
 Specialty Product

PRODUCERS

Check up to three that describe your business.

- Farm CSA Farmers Market
 Farm Stand UPick Specialty Product

Business Name: _____

Contact name: _____

Business address: (this is the address used to generate directions)

Street address line 1: _____

Street address line 2: _____

City: _____ State: _____ Zip: _____

Mailing Address:

Mailing address line 1: _____

Mailing address line 2: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Second phone number (including area code): _____

Fax number (including area code): _____

Email address: _____

Second email address: _____

Web address: _____

Business hours: _____

Do you offer delivery? Yes No

Comments: _____

If you are a restaurant/caterer/specialty product producer, what is your cuisine? _____

If you are a producer, what categories best describe your products: (Check all that apply)

- Baked Goods Dairy Eggs Cut Flowers Fruit Herbs Honey
 Maple Nuts Plants Specialty Products Vegetables Wines and Spirits

Producers, what specific products do you offer: _____

Producers, what is your harvest schedule: _____

Producers, do you have your own retail outlet: Yes No

If yes, please list hours/days for the retail portion of your business. _____



Please mail this form with your membership check for \$25 to 507 Warren Street Hudson, New York 12534

Questions? please call 518.828.4417 or visit our ColumbiaCountyBounty.com

*****Please note:***

Each business may include one photo or image. Email that image (300 pixels wide minimum) to Akneller@columbia-chamber-ny.com or provide a hard copy of that image with this form.