



Village of Covington
BUSINESS OF THE MONTH NOMINATION FORM

Date of Submission: _____

Name of Business: _____

Address of Business: _____

How many Years in Covington? _____

What type of Business? _____

Why did your business Choose Covington? (Please attached a separate sheet if you need more room)

**Please submit a photo of the business or your employees.

Additional Information:

Hours of Operation: _____

How many employees: _____

Building size / Number of Buildings:

Unique Stories about your business, the people who work there, or how it relates to Covington: (Please attached a separate sheet if you need more room)

Contact Information:

Name / Title: _____

Phone: _____

Email: _____