



## City of Lake Elsinore's Businesses in Action Spotlight Program Application

Business Name:

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Business Profile / Type of Business:

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Address of Business:

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City:

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City District:

Zip code:

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1

2

3

4

5

Business E-Mail Address:

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Community Accomplishments:

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Owner/Managers Name:

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(First Name)

(Last name)

Daytime Phone Number:

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Night Phone Number:

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Owner E-mail Address:

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By submitting this form, I'm applying for consideration of my or another business to participate in the Businesses in Action Spotlight program. My/This business is currently licensed with the City of Lake Elsinore.