



ROANOKE
REGIONAL
CHAMBER OF
COMMERCE

Cool Green Biz



Application Form

Member Name: _____

Address: _____

Other physical locations that are included in this application, for which certification is requested (use additional sheet for more locations, if needed):

Contact: _____ Title: _____

Email: _____

Phone: _____

Name of CEO, Owner, or senior local manager if different from contact person:

_____ Title: _____

1. This program has the support of senior management, as demonstrated by assigning as a contact person the Owner, CEO, or (if we are a local branch of a larger organization) the highest ranking local manager, OR a person who reports directly to that individual.
2. We will utilize our influence to support the principles of good environmental practices by setting an example and encouraging our employees, customers, and vendors to follow our lead.
3. We agree to provide accurate responses to the application questionnaire, and we understand that a representative or agent of Roanoke Valley Cool Cities Coalition or the Roanoke Regional Chamber of Commerce may schedule a visit our facility(ies) to verify information we have provided as part of the evaluation of our application.
4. We understand that the Roanoke Valley Cool Cities Coalition or the Roanoke Regional Chamber may report aggregated information from responses to the questionnaire, but that our individual responses will not be disclosed to other parties without our permission.

Signature Date

Name Title