



Community Networking List Application

As a convenience to our facility rental customers, the City of Roseville is developing a Community Networking List comprised of services offered by local businesses. The list will include services such as DJ's, Security Companies, Lodging, Florists, Audio/Visual, etc. The City hopes that by providing our customers with this helpful tool, the businesses on the list will promote and recommend City facilities to their customers.

Business Name: _____

Address: _____

Phone(s): _____

Website: _____

Contact Person: _____

Phone(s): _____

E-mail: _____

Do you want the contact person's name, phone and e-mail included with the business listing?

Yes Name only Name & Phone Name & E-mail

You may select up to 3 categories to listed under:

- Audio / Visual Bakeries Transportation Balloons/Balloon Displays
 DJ's Florists Lodging Bounce Houses/Inflatables
 Invitations Lighting Photography Beauty & Hair Salons
 Officiators Videographers Tent Rentals Equipment Rentals
 Security Companies Parking/Valet Services
 Event/Wedding/Party/Conference/Meeting Planners
 Entertainment (please list services):

Other _____

IMPORTANT INFORMATION

You must provide a copy of your Roseville Business license with your application.

Your year will be determined based on the date you signed-up. There is no limit to how many years you sign-up to be on the list.

We encourage your business to promote our facilities to your customers.

The community networking list will be updated quarterly; January, April, July and October of each year.

The City of Roseville in no way recommends or refers the businesses on our community networking list. The list serves as a convenience and helpful tool for our customers.

The fee to be included on our Community Networking List for one year is \$50. Please attach a check, money order or credit card info. Please make check payable to: City of Roseville and mail to: 1550 Maidu Drive Roseville, CA 95678 Attn: Community Networking List

Visa Mastercard Discover

Name on Card: _____

Card # _____ Exp. Date: _____

I declare that the information I provided on this application is true, correct and complete to the best of my knowledge and belief.

Business Name

Print Name

Signature

Date

Office Use Only

Paid _____ Date Paid _____ Expiration Date: _____ Staff Initials: _____