

Today's Date _____

**Application to provide Services and/or Products to be offered
as a Friend of Isanti County's Beyond the Yellow Ribbon**

Name of Business: _____

Type of Business: _____

Business Point of Contact: _____ Contact Phone #: _____

Business Address: _____

Mailing Address (if different): _____

Email Address: _____

Website Address: _____

Services Willing to Provide: _____

Services Provided to: (check one or more of the following)

All Veterans Families of Deployed Service Members Active Duty

Guard/Reserve

Where licensing is required, please provide your license information:

Where bonding is required, please provide your bonding information:

The appearance of any product or service listed under Friends of Isanti County Beyond the Yellow Ribbon does not constitute an endorsement of such product or service but rather a recognition of the willingness of the organization to support Isanti County's military members and their families.

Printed Name: _____

Signature: _____