

Business Buzz Information Request Form

Business Name:	Date:
Business Owner/Manager:	
Title:	
Years in Business:	·
Philosophy or thoughts on running the business:	
Description of business such as ser	rvices/goods/items produced or
sold:	
Include JPEG formatted picture or	logo of yourself, or the business
Send to: director@marshallchamber.org	
Marshall County Chamber of Commerce, 227 Second Avenue N., Lewisburg, TN 37091 Phone: 931-359-3863 or 931-619-5720	