The Places Project



Business Information and Approval Form

*Required Fields denoted by an asterisk (\*). Please note that changing your address or business name will require additional verification via mail or phone. Gray fields must be entered by the business owner or representative.*

\*Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City/Town, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Business Categories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(up to 5 categories/ NAICS codes)

\*Main Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation (Open):

Monday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Tuesday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Wednesday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ Sunday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Thursday \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_  Prefer not to specify Hours

Does your business provide services, such as delivery or home repair, to locations in a certain area?  Yes No

Brands carried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my business/ organization information to be added to/updated on Google.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of owner/authorized representative

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have  photos (up to 10),  videos (up to 5) to post to the Google Maps site?

Would you like us to take and post a photo of your business?  Yes  No

Business description (200 character max):

*Please provide on back of form.*