



New Business Grand Opening Checklist

Name of Business: _____

Proposed Date: _____ Time: _____

Would you Like a Ribbon Cutting: Yes No

Elected Officials Invitations: Yes No

Greetings from Elected Officials: Yes No

Chamber of Commerce Invitation: Yes No

Media Invitation: Yes No

Advertise Event on Town Website: Yes No

Advertise Event on Town Social Media: Yes No

Any special requests: _____
