

Appendix D

AGE-FRIENDLY BUSINESS RECOGNITION PROGRAM

Section 1: Applicant Information

Business Name: _____

Number of Employees: _____

0-20 21-50 51- 100 101+ Other, please specify _____

Primary Contact Person: _____

Website Address: _____

Phone: _____ Cell: _____

Email: _____

Section 2: Property Address

Number: _____ Street: _____ Unit/ PO Box: _____

City/Town: _____ Province: _____ Postal Code: _____

Section 3: Self-Assessment E-Learning:

Is your self-assessment Checklist completed and attached? Yes No

Did you complete the E-Learning video from start to finish? Yes No

Section 4: Tell us about your business . What is your businesses primary focus? ie. Restaurant or book store, etc.

NOTES:



Section 5:

Please provide the top three examples that you have implemented to become a age-friendly business	Please provide your top three Age-Friendly initiatives that you plan to implement in the future to improve your age-friendly business profile

Section 6: Let us know your challenges to becoming an Age-Friendly business:

Declaration:

The Business of _____ has made a commitment to account for the needs and preferences of older customers, employees, or volunteers. We will continue to look for opportunities, training, and accommodations that will create an accessible and inclusive environment, which in turn will allow all citizens of our community the opportunity to safely access our goods and services.

Signature: _____ Date: _____
DD/MM/YYYY

Thank you for completing the Age-Friendly Business application.
Please note, the approval process may require interviews and or on-site visits.

SUBMIT TO:

Town of Hanover Parks, Recreation & Culture
269 7th Ave Hanover, ON N4N 2H5

FOR MORE INFORMATION CONTACT:

Brandon Dobson
519.364.2310 x 2128
or e: bdobson@hanover.ca

