

INDIAN RIVER COUNTY CHAMBER OF COMMERCE 2025 INDUSTRY APPRECIATION AWARDS

"VETERAN-OWNED COMPANY OF THE YEAR" NOMINATION FORM

All areas on this form MUST be completed, and nomination signed (page 3) to be considered – Please review the Checklist on the last page

COMPANY NAME:				
(Please print or type)				
CEO or MANAGER'S NAME and	TITLE:			
ADDRESS:				
OFFICE PHONE:	CELL PHONE:			
BUSINESS E-MAIL:				
NUMBER OF EMPLOYEES				
Total, company-wide:				
# of full-time	# of part-time		# of 1099	
Total, Indian River County only:				
# of full-time	# of part-time		# of 1099	
YEAR ESTABLISHED <mark>IN INDIAN</mark>	RIVER COUNTY:			
WHAT INDUSTRY ARE YOU IN?	(Must be a for-pro	ofit entity):		

PLEASE ATTACH A COPY OF YOUR CURRENT BUSINESS LICENSE

I. ESTIMATED ECONOMIC IMPACT

OWNERS. The county's average annual wage is \$54,317 (\$26.11/hour), not including benefits (check one below) 75% to 99.99% of county average annual wage (\$40,738 - \$53,774) 100% to 149.99% of county average annual wage (\$54,317 - \$80,932) 150% or more of county average annual wage (\$81,475+) ESTIMATED PERCENTAGE OF ANNUAL PURCHASES MADE WITHIN INDIAN RIVER COUNTY: % SUCCESS OF THE COMPANY WITHIN YOUR INDUSTRY: Increased sales or revenue past year (%): _____ Increased market size past year (%): Other industry or corporate awards received in past 5 years? Please list: II. MILITARY HISTORY (this is for informational purposes only – not a voting criteria; information will be included as part of the award presentation) Branch of Service _____ Years of Service (total - active and reserve) Wars/Conflicts Medals Awarded II. CORPORATE CITIZENSHIP - Any additional info needed for Committee consideration can be continued on additional sheets Your company's local affiliations through membership or contribution - check each that applies ____ Chamber(s) of Commerce ____ Local/Regional Trade Associations (name them): _____

Others (please list):

VERAGE ANNUAL WAGE OF INDIAN RIVER COUNTY EMPLOYEES, EXCLUDING

Involvement in local charities	s (name them):	
	,	
	the community:	
	ams, non-profits, and/or charities	
months (cash/in-kind value):	\$	
EMPLOYEE WORK E (check each that apply)	NVIRONMENT/BENEFIT	S:
Retirement plan	Vision care	Employee discounts
Medical	Flex-time	Continuing education
Dental	Family leave	Employee recognition
Other non-wage comp	ensation:	
NOMINATION SUBMITTED	BY:	

I verify that the submitted information is true and accurate to the best of my knowledge

Please review the Checklist on the next page before submission

Submit the Completed form to:

Indian River County Chamber of Commerce Economic Development Office 1216 21st Street, Vero Beach, FL 32960 Phone: 772-567-3491

info@indianrivered.com

PLEASE NOTE: Forms must be received by 5 pm on Friday, July 18th, 2025 (preferably via email)

The Industry Appreciation Awards Event is scheduled for Thursday, September 25th, 2025

Award recipients will be notified in advance of the Awards Event, to make arrangements to attend

Photos of the award recipients will be taken directly preceding the Awards Event and immediately following the event

2025 INDUSTRY APPRECIATION AWARDS NOMINATION FORM CHECKLIST

Did you remember to attach:

Copy of your business license

Company logo (in color, if possible)

Additional information on your company for the Committee to consider – awards, recognitions, positive peer reviews