



**BUSINESS
INCENTIVE
PROGRAM**

ANGELS CAMP • CA

DESTINATION ANGELS CAMP BUSINESS INCENTIVE PROGRAM

1211 S. Main Street, Ste. 220, PO Box 62
Angels Camp, CA 95222 P: (209) 736-1333

**Business Incentive Program for New and Expanding Businesses
Application Form**

Name of New/Expanding Business _____

Business Address _____

Name of Business Owner/Applicant _____

Owner/Applicant Contact Information:

Mailing Address _____

Daytime Phone _____ FAX _____

Email _____

Business Start-Up or Opening Date _____

City of Angels Business License No. _____

Type of Business _____

Expected No. of Employees: Full _____ Part time _____

Please sign and date this application at the bottom and return it to:

**Destination Angels Camp
1211 S. Main Street, Suite 220
PO Box 984
Angels Camp CA 95222**

Also enclose copies of the following:

- Proof of control of business premises (copy of lease, or copy of deed)
- Any applicable state, county, or local permits such as (Resale license, Health Dept. Permit, City Use Permit)

Signature of Owner/Applicant _____ Date _____

The following Business qualifies for Destination Angels Camp's Business Incentive Program:

_____ Good for one year starting: _____ (date)
(Signed by DAC rep) _____ (title) _____ (date)

Visit: www.destinationangelscamp.com for current list of participating business sponsors and Program Terms and Conditions

A Program of Destination Angels Camp

