

Today's Date _____

**Application to Provide Support Services and/or Products to be Offered
as an Affiliate of Pine City's Yellow Ribbon**

Name of Business/Organization: _____

Type of Business/Organization: _____

Point of Contact: Contact Phone #: _____

Address: _____

Mailing Address (if different): _____

Email Address: _____

Website Address: _____

Support Services/Products Currently Providing or Willing to Provide: _____

Support Services/Products Provided to: (check one or more of the following)

All Veterans Families of Deployed Service Members

Active Duty Guard/Reserve

Where licensing is required, please provide your license information:

Where bonding is required, please provide your bonding information:

The appearance of any product or service listed under Affiliate of Pine City's Yellow Ribbon does not constitute an endorsement of such product or service but rather recognition of the willingness of the organization to support the Pine City Community military members and their families.

Printed Name: _____

Signature: _____

Completed applications can be mailed or delivered to:

City of Pine City, Attn: Yellow Ribbon, 315 Main St. South, Suite 100, Pine City, MN 55063