



Thank you for your interest in partnering with the Department of Business Affairs and Consumer Protection. Please complete this form and submit a saved copy of it electronically by e-mail to BACPoutreach@cityofchicago.org.

Name of Company: _____

Address: _____

Building/Rm. No.: _____ **City/State/Zip:** _____

Contact's Full Name: _____

E-Mail: _____ **Telephone:** _____

Partnership Type: Workshop Presentation Expo
 Product Other _____

Date of Partnership: _____

Goal of Partnership: _____

Describe Company (e.g., Mission Statement): _____

Do you have a physical location in Chicago? Yes No

If yes, do you have a current City of Chicago business license? Yes No