



BUSINESSES OF THE YEAR APPLICATION

JUDGING CRITERIA:

- A commitment to good business practice
- Customer focused commitment
- Community service involvement
- A history of good employee relations/benefits
- Financial growth and consistency
- Education partnerships and workforce development

ELIGIBILITY REQUIREMENTS:

- Minimum of 3 years in business
- Significant presence in southeast Wisconsin

Please note: Businesses that have been named a past #1 Business of the Year winner are ineligible for 5 years.

REQUIRED MATERIALS:

- Completed application (see reverse side).
- Short essay (no more than 1,000 words) detailing how your company is accomplishing the criteria outlined below.
- *Optional* - Two to three letters of recommendation from customers addressing working with your company.

Please email all materials to hkascht@waukesha.org no later than noon on Friday, March 22, 2019.

The Waukesha County Awards Gala will be held on Thursday, June 13, 2019 from 5:00 - 7:30 p.m. at the Sheraton Milwaukee Brookfield Hotel.

SHORT ANSWER ESSAY (MAXIMUM 1,000 WORDS):

Please address how your company is accomplishing the four judging criteria outlined below. Type on a separate sheet of paper. Hand written responses will not be accepted.

1. Customer Focused Commitment

Describe your customer service and why you feel it is exceptional.

2. Employee Relations Philosophy

Include company benefits, diversity training and development/empowerment programs.

3. Community Service Involvement

List company and employee participation in community service activities.

4. Education Partnerships and Workforce Development

List how your company is ensuring a robust pipeline of talent for the future within your industry.

PLEASE SELECT THE CATEGORY FOR WHICH YOU ARE ELIGIBLE:

- Small Business of the Year - 1-50 full time employees
- Medium Business of the Year - 51-300 full time employees
- Large Business of the Year - 301+ full time employees

PLEASE INDICATE YOUR BUSINESS CATEGORY:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accommodations & Venues | <input type="checkbox"/> Distributors, Wholesalers & Suppliers | <input type="checkbox"/> Media |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Education | <input type="checkbox"/> Nonprofit & Community Organizations |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Employment/Staffing & HR | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Attorneys & Legal Services | <input type="checkbox"/> Food Services | <input type="checkbox"/> Real Estate, Moving & Storage |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Health Care | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Banking & Financial Services | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> IT & Telecommunications | <input type="checkbox"/> Utilities & Environment |
| <input type="checkbox"/> Construction & Engineering | <input type="checkbox"/> Manufacturing & Production | |

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone: _____ Website: _____

Year established: _____ Main product(s) or service(s): _____

Names of owners(s)/principal(s) & % of ownership (Use separate sheet if necessary):

Executive Staff - Names/Title(s) (Use separate sheet if necessary):

2018 Annual revenue: _____

Percent (%) growth in revenue: 2017-2018 _____ 2016-2017 _____ 2015-2016 _____

Number of employees: Full time _____ Part time _____ # in SE WI (FTE) _____

Annual employee growth: 2017-2018 _____ 2016-2017 _____ 2015-2016 _____

What percentage of current business comes from the following areas?

Waukesha County: _____% Remainder of SE WI: _____% Remainder of WI: _____% Remainder of U.S.: _____%

Other Countries: _____% Please list: _____

Top Executive: This person will be listed with company information and key spokesperson for company (media, luncheon, etc.).

Name & Title: _____

Email: _____ Phone: _____

Award Contact: This person will be the main contact in regards to logistics, requests, etc.

Name & Title: _____

Email: _____ Phone: _____

THE FOLLOWING REFERENCES ARE REQUIRED:

Accountant Company: _____ Phone: _____

Address: _____

Main Contact: _____ Title _____

Banker Company: _____ Phone: _____

Address: _____

Main Contact: _____ Title _____

Attorney Company: _____ Phone: _____

Address: _____

Main Contact: _____ Title _____

PLEASE COMPLETE THE FOLLOWING IN ORDER FOR AWARD CONSIDERATION:

I, _____, (owner/principal of above company) certify that the information provided is true and factual.

(Signature) _____ (Date) _____