HEALTHY ST. PETE

Community Resource Directory

Information Submission Form

Please check one:

- ◯ Nonprofit Organization Program
- ◯ Business Program
- ◯ Community Program
- ◯ HSP Restaurant Partner Program

Name: _____

Contact Information

Contact Name: _____
Last *First*

Business Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____

Email: _____

Website: _____

Program or Business Information

Check the Healthy St. Pete impact area your business, organization, or program supports:

☐ EAT HEALTHY ☐ SHOP HEALTHY ☐ PLAY HEALTHY ☐ LIVE HEALTHY

Describe how your business supports a healthier community: (limit 300 characters)

Attach Information

Attach program information or business logos. Please note, unless otherwise stated, program information or business logos may be used on the Healthy St. Pete website at the discretion of the City of St. Petersburg. Submission of this form does not guarantee placement in the directory.

Save **Print** **Submit**