AGE- AND DEMENTIA-FRIENDLY BUSINESS APPLICATION FORM

Please complete the form and return via mail or email.

City of Boston Elderly Commission
Boston City Hall, Room 271, Boston, MA 02201
Andrea.Burns@boston.gov or **Nicole.Chandler@boston.gov**

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS TYPE: _____

OWNER NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

WEBSITE: _____

HOW MANY EMPLOYEES DO YOU HAVE? _____

WHAT KIND OF CUSTOMER SERVICE TRAINING DO YOU OFFER TO EMPLOYEES? _____

By signing this form, I am acknowledging that I wish to begin the process of becoming an Age-Friendly and Dementia-Friendly Business through the City of Boston's initiative.

SIGNATURE: _____

DATE: _____