SAN ANTONIO LEGACY BUSINESS NOMINATION FORM

Business Name:	Date Established:
Business Owner(s) Name (may a	so be the CEO or President):
Bunsiness Address:	ZIP
No. of Locations:	Business Phone:
	Business Website:
Facebook:	Twitter:
Type of Business:	
	rom business contact):
Nominator's Email and Phone:	
	ss? If not, please list all previous addresses and years of operation ther addresses at the end of the historical narrative)
	OR 20 YEARS OR MORE AND MEETS neck all that apply, must meet at least one)
	rvices Located in a landmark or historic district Eligible and willing to be a landmark
for writing the narrative. Your his	narrative of the business. Take a look at our guides and tips corical narrative should tell us the story of your business and teria. Please use a separate page to write a narrative be-
City of San Antonio permission to	mination on behalf of the above-named business and give the publish images, documents and other supporting materials ote the nominee and the Legacy Business Program.
Signature of business contact:	Date:

PLEASE SEND THIS NOMINATION FORM AND SUPPORTING DOCUMENTS TO:

San Antonio Office of Historic Preservation 1901 S. Alamo San Antonio, TX 78204

Or email to: OHP@sanantonio.gov

