



Clarksville Montgomery County
Green Certification Program Application

General Contact Information:

Business Name: _____

Primary Contact Name: _____

Street Address: _____

Zip Code: _____ Telephone: _____

Email: _____ Web Address: _____

Business Operation Details:

Business Sector: _____ Standard Industrial Classification (SIC) Code _ _ _ _

Days of Operation: _____ Hours of Operation: _____

Number of Employees: _____ Average Daily Visitors: _____

Building Specific Information

Is the building:
Owned _____ Rented _____ Home Based? _____

Public Restroom(s)? _____ Kitchens(s)? _____ Pools/Spa(s) _____

Property Manager (if applicable.): _____

Building square footage: _____ Occupied Space (sq. ft.): _____

Building Description: _____

Existing Green Features (if any): _____

Challenges (if any): _____

Planned Improvements (if any): _____

Waste service provider: _____

Business Name: _____

Primary Contact Name: _____

Will business representatives be able to attend the green certification workshops?
How many would like to attend?

Names and title/position of expected attendees:

1. _____

2. _____

3. _____

4. _____

5. _____

Send completed application to Carlye Sommers, Green Certification Program Manager, at cmsommers@mcgtn.net.