

AGE- AND DEMENTIA-FRIENDLY BUSINESS APPLICATION FORM

Please complete and return via mail or email.

Age Strong Commission

1 City Hall Sq, Rm 271

Boston, MA 02201

corinne.white@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-and Dementia-Friendly Business through the City of Boston's initiative.

SIGNATURE: _____ **DATE:** _____

AGE+



City of Boston
Age Strong Commission