

Prime Timers of Central Florida
Community Connections Program



Today's Date _____

Recommendation Application

Prime Timer CFL Member Information

Your Name: _____ Contact Info: Cell Phone _____

(Display your name on approved recommendation?) Y N Email Address _____

(Answer Required!) I have used this product/service/provider 1-5 times 5-10 times 10 or more times

(Not disqualifying!) I am a relative/family member of this provider Y N

(Ownership status) I own some (or all) of this business Y N (Not automatically disqualifying; a one-time donation (min.\$10.00))

Type of Business/Service:



Attach a business card or flyer if you have one.



Activities/Entertainment – i.e. Bars/Tattoo Parlors/Smoke-Vape Shops/Parks/Religious/Theatre/Thrift Stores

Automobiles – i.e. Repairs (Foreign & Domestic; Dealers and Private; Gas/Diesel/EV) / Car Washes & Detailing

Health Care – i.e. Doctors/Dentists/Therapists (Mental and Physical)/Gyms and Sports (locations and equipment)

Home Services – i.e. Interiors (Decorating/Cleaning)/ Exteriors (Maintenance / Repairs)/Professional Licensed-Bonded/Handyman/Pool Service

Pet Care Services – i.e. Veterinarians/Grooming/Parks/Boarding

Restaurants – i.e. Types of Food/Eat In/Bufetts/Costs \$\$\$\$

Personal Services – i.e. Grocery Delivery/Insurances/Legal /Financial/ Barbers/Hairstyling/Massage/Spa

Technology Support – i.e. Computers – Sales/Repairs/Training / Cell Phones – Sales/Repairs/Training

Other _____

Comments: _____

Business Name: _____ **Business Address:** _____

Owner/Contact: _____ **Parking Available** Y N Unknown **EV?** Y N
(If known) **Business Email:** _____

Bus. Phone #: _____ **Cell** _____ **Business Website:** www._____

Have you spoken with the owner/operator regarding your intention to “promote” the business? Y N

How would you rate the value? (benefit for the \$) Fair Good Very Good Extraordinary!

Comment: _____

Business' LGBTQ+ Commitment

We ask that you provide this information to help PTCFL members determine their potential level of comfort before utilizing the provider or service. Additionally, many members want to support LGBTQ+ and Minority/Veteran businesses.

LGBTQ+ Member/Owner Y N Unk

Minority Owned (other than LGBTQ+) Y N Unk

Ally of Our Community Y N Unk

Veteran Owned Y N Unk

LGBTQ+ Friendly Business... Y N Unk

Disabled Person Owned Y N Unk

Any other comments: _____

RETURN BY MAIL (P.O. Box 547003, Orlando, FL 32854), **IN PERSON** to the member of the Board of Directors, **EMAIL** to PTCFLDirectoryVP@gmail.com or **MONTHLY MEETING** (last Saturday/month 1:00pm at Southern Nights/District Dive)