



Wellbeing **works** here!

Healthy Sarasota County Worksites Application

Date: _____

Name of Business: _____

Address: _____

Applicant's Name: _____ Applicant's Title: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Owner/CEO's Name/Title: _____

PIO/Media Liaison Name: _____

Type of Business: _____ Workforce Size: _____

Number of Tobacco Users: _____ Is health insurance provided? _____