Help Us Highlight Your Business

Portales MainStreet wants to know you and your business better. By filling out the questionnaire below we will be able to better promote your business and all of downtown Portales. Please fill out the form and email to Sandy Vigil at admin@portalesmainstreet.org, mail to P.O. Box 302, or call Sandy to come pick up the form at 575-226-3783.

Thank you for helping us keep in touch with your business!

Business Name: ________________________________________________________

Owner's Name: _________________________________________________________

Year Business started in Portales: _____________

Business Profile: ______________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Interesting facts about your business: _________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Turn Over ➤
Products or services to highlight: ___________________________________________
______________________________________________________________________
______________________________________________________________________

Your opinion counts. How can Portales MainStreet make a difference for your business? ________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

The following information would enable us to keep you informed about Portales MainStreet’s activities:

Mailing address: ________________________________________________________

Email address: _________________________________________________________

Best contact name and phone number: ________________________________

I would benefit from participating in the following:

○ Volunteer

○ Sponsor an Event with Portales MainStreet

○ Sponsor a Project with Portales MainStreet

○ Other, I would enjoy participating in ________________________________