



BUSINESS PROGRAM



OUR VISION IS FOR OUR COMMUNITY TO BECOME A LEADER
IN EXERCISING HEALTHY ALTERNATIVES IN
COLLABORATION WITH LOCAL BUSINESSES.



HEALTHY LE BUSINESS PROGRAM

OUR MISSION IS TO ENCOURAGE LOCAL BUSINESSES TO PROVIDE HEALTHY OPTIONS AND COLLABORATE WITH COMMUNITY MEMBERS TO ACHIEVE WELLNESS GOALS.

PROGRAM OVERVIEW

The Healthy LE Business Program is a one-year certification program that offers incentives to businesses that provide healthy alternatives and promote community health and well being.

PROGRAM CATEGORIES

Fitness Business
Retail Food and Restaurants
Retail
Professional Services
Wellness Providers
Service Business
Industrial Business

PROCESSING FEE

The processing and implementation of this program requires an annual non-negotiable and non-refundable fee of **\$100 per year.**

INCENTIVES

1. Certificate of Achievement
2. Healthy LE Certification Sticker
3. Inclusion in on-line directory
4. Marketing on City social media pages for 4 promotions per year*
5. Provide support for opportunities that support the Healthy LE mission
6. Vendor fee discounts of up to 25% on City hosted events
7. Event fee waived for one business sponsored Healthy LE Event
8. Healthy LE related video promotion for social media and TV Channel for one month.*

REQUIREMENT

Must earn **5 POINTS** by achieving the two required criteria for their designated category, as well as three additional criteria from their given category or any other category listed in this program packet.

*See Terms and Conditions for more information

HEALTHY LE BUSINESS PROGRAM

The following are samples of the Program incentives to be displayed in the business upon becoming business sponsored. Samples are not drawn to scale and could be subject to change.

SAMPLE OF CERTIFICATION STICKER



SAMPLE OF CERTIFICATE OF ACHIEVEMENT





City of Lake Elsinore
130 South Main Street
Lake Elsinore, CA 92530



HEALTHY LE BUSINESS PROGRAM TERMS AND CONDITIONS

APPLICATION REQUIREMENTS

- Business must be a for – profit entity.
- Business must possess a valid business license within the City in which they reside.
- Business must promote the Healthy LE mission by providing a health, positive lifestyle and family – friendly setting through the goods and services offered.
- Businesses with more than 50% of sales related to alcohol, tobacco, or cannabis products are ineligible for the Program.
- Retail Food and Restaurant businesses must maintain a Grade A status in accordance to County – based regulations.
- Completed application with non – refundable fee of \$100 and all supporting documentation required must be submitted via mail or hand – delivery to the above referenced address.
- Some requirements include demonstration of commitment for at least one month prior to application submittal.

UPON APPLICATION APPROVAL

- Business must post Program certificate and sticker for public viewing once received.
- Business must include link to Program directory on webpage.
- Business must advertise Program on a monthly basis via social media.
- Business understands that the City may ask for additional verification in compliance with the Program at any time within the one – year certification term.
- Failure to maintain requirements could result in removal from the Program.
- Marketing on City social media pages require posts to be health promoting and must include Healthy LE logo.
- An event that qualifies as a business sponsored Healthy LE Event must meet the following criteria:
 - Must support the Healthy LE Mission
 - Must be free or at minimal cost to participants
 - Organizer shall submit Special Events Application to obtain Permit (fee will be waived upon Program application approval).
 - All components of the event, including marketing materials and graphics for promotion, are at the responsibility, coordination, and discretion of the organizer; the City will merely promote the event.
- Healthy LE related video promotions must not exceed three minutes in length.
 - Business is required to develop content and filming while the City is solely responsible for the posting of the video.
 - Video content must include promotion of health – related item or service (i.e. cooking a new recipe using healthy alternatives or showcasing a workout promotion).
 - Video must be recorded and able to view in landscape and high – definition (HD) format.
 - Video recording must be stable and audio must be clear.
 - Video must have the Healthy LE logo incorporated somewhere within the content.
 - Video must be submitted via Dropbox link given in the Welcome Packet.

RENEWAL/ENDING PROGRAM CERTIFICATION

- Annual renewals will be required.
- Business must submit renewal application with supporting documentation 30 days prior to Certification expiration date.
- Businesses that do not notify City, via contact information below, of renewal within 30 days of Certification expiration date, are subject to immediate discontinuation of all benefits provided through the Program; marking the end of business's participation.

ADDITIONAL INFORMATION

- Applications are accepted on a rolling basis.
- Contact the City at the contact below for consideration of any suggested variations to the terms and conditions and/or criteria.
- All decisions are at the sole discretion of the City.
- The extent of marketing and support, beyond the incentives defined, is at the discretion of the City. All criteria, incentives, terms and conditions, etc. are subject to change at the discretion of the City Manager.

HEALTHY LE BUSINESS PROGRAM

FITNESS BUSINESS

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point Certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Retain at least 50% of customers at least two times a week	Must submit rosters of customers demonstrating two days per week attendance for one month	
	REQUIRED: Offer free or discounted trial period	Copy of Brochure or Advertisement	
	Offer after school kids and/or senior fitness oriented options (classes or family discount)	Copy of Brochure or Advertisement	
	Offer a free nutrition or dieting plan (available to all customers)	Sample of Nutrition or Dieting Plan	
	Support wellness promotion at other organizations or businesses (i.e. nutrition or exercise classes, etc.)	Advertisement or Copy of Email	
	Host a Fit in the Park workout session	Copy of Contract	
	Offer healthy consumer products (i.e. snacks, post-workout meals, etc.)	Picture of Fixture or Advertisement	

HEALTHY LE BUSINESS PROGRAM

INDUSTRIAL BUSINESS

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point Certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Display proper signage as required by OSHA and OSHA State Plan	Picture of Signage	
	REQUIRED: Offer cool off areas with cool air and water	Picture of Area	
	Offer annual employee appreciation events with healthy food options, activities, and/or vendors	Picture of Flyer, Email to Employees, or Event	
	Host annual career day for local students	Advertisement	
	At least 30% of vending machine or snacks provided are made up of healthy options	Picture of Vending Machine	
	Offer discount or pay up to 20% of employees' fitness center memberships	Copy of Flyer or Email	
	Offer an employee wellness incentive program (i.e. employers offer rewards for taking steps to reach a goal for weight, annual physicals, etc.)	Copy of Notification to Employee via Email or Board	



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PROFESSIONAL SERVICES

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Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Offer an employee wellness incentive program (i.e. employers offer rewards for taking steps to reach a goal for weight, etc.)	Copy of Email to "All Employees"	
	REQUIRED: Host a career day for local students or partner with other businesses to host a career day	Advertisement	
	Healthy food at company meetings policy – a policy that requires employees to ensure that healthy food alternatives are offered at meetings	Copy of Policy (signed by Authorized Company Representative)	
	At least 30% of vending machine is made up of healthy vending options	Picture of Vending Machine	
	Offer walking routes or fitness classes/activities during breaks	Advertisement	
	Walking meeting policy	One month of weekly meeting pictures (One picture each week)	
	Offer discount on fitness center membership	Advertisement	

HEALTHY LE BUSINESS PROGRAM

RETAIL BUSINESS

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point Certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Support wellness promotion of other organizations/businesses (i.e. nutrition/exercise classes, etc.)	Advertisement or Email	
	REQUIRED: Offer membership or rewards point discount system for returning customers	Advertisement or Card	
	Offer juice or tea bar within store	Advertisement or Picture	
	Offer active gear near front of the store or in a place people can easily get to it	Picture of Fixture	
	Create a spot in shop that displays all items that promote health and well-being, preferably at front of store	Picture of Fixture	



HEALTHY LE BUSINESS PROGRAM

RETAIL FOOD AND RESTAURANT

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Offer organic and/or non-GMO options	Advertisement or Photo	
	REQUIRED: Offer at least one of the following options: vegan, vegetarian, gluten free, or grilled	Menu indicating options	
	Local food sources (sourced from Southern California region)	Menu indicating local food source (could be an icon)	
	Advertise Wellness Wednesday discount on a healthy item (must be a food item that is thought to have positive health giving qualities)	Image demonstrating discount being advertised	
	Providing customers with calorie information and/or a nutrition fact sheet pamphlet (i.e. given separately with food menu)	Pamphlet, Card, Advertisement, or Photo	
	Offer a rewards point discount system for returning customers	Advertisement	
	Partner with schools, churches, and/or other local organizations for fundraisers	Advertisement	
	Host healthy snack/veggie/fresh fruit selection near at least 50% of cashiers in the store	Pictures of each cashier stand	

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SERVICE BUSINESS

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Offer clients healthy snack or refreshment alternatives (i.e. fruit, granola bars, water, etc.)	Picture of Snack Stand	
	REQUIRED: Support wellness promotion of other organizations or businesses (i.e. nutrition or exercise classes, etc.)	Picture of Board or Stand	
	Offer free or discounted limited access to nearby fitness center	Advertisement or Picture	
	Offer rewards point discount system for returning customers	Advertisement or Card	



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WELLNESS PROVIDERS

Instructions: Each business must earn a total of **5 POINTS** to qualify for Program participation. The highlighted areas below are required and must be completed. Any of the non-highlighted criteria may be completed to achieve the 5 point Certification requirement. Each criteria is worth 1 point each. Check the boxes in the **far left** column corresponding to the criteria you have completed. Return the pages along with your application and **THE CORRESPONDING SUBMITTAL REQUIREMENTS** listed next to each criteria.

Check Below	Criteria	Submittal Requirement	For Office Use Only
	REQUIRED: Offer free wellness services (i.e. flu shots, access to nutritionists, personal coaching, annual exams, clinic services, etc.)	Advertisement	
	REQUIRED: Offer evening or Saturday hours for services	Advertisement	
	Offer mobile wellness services	Advertisement	
	Retain at least 30% of patients for each wellness check-up (i.e. 6-month oral exams/cleanings/annual physical check-ups)	Check-in Roster	
	Ability of provide service within one week of request	Copy of Designated Log	





City of Lake Elsinore
130 South Main Street
Lake Elsinore, CA 92530



HEALTHY LE BUSINESS PROGRAM APPLICATION

Application is hereby made by the below listed business to the City of Lake Elsinore Community Services Department for the qualifying endorsement in accordance with the Healthy LE Endorsement Program. Please print legibly.

APPLICANT INFORMATION

OWNER/MANAGER NAME: _____ CONTACT NAME: _____
BUSINESS NAME: _____ TYPE OF BUSINESS: _____
BUSINESS LICENSE #: _____ BUSINESS ADDRESS: _____
CITY/ZIP CODE: _____ PHONE: _____
EMAIL: _____ WEB ADDRESS: _____

AGREEMENT

I hereby certify and acknowledge that as an authorized business, I have read and understood the Healthy LE Business Program Terms and Conditions to qualify for potential participation. I certify that I am the legal owner or authorized manager of the above named business. To be considered for Program Certification, I understand that in addition to submitting this application, documentation as described in the Healthy LE Business Program Terms and Conditions, must accompany this application as proof of compliance with the Program's requirements.

I understand that submission of the application for the Healthy LE Business Program is solely my responsibility and at my discretion. I further understand that submission of the application and related documentation does not guarantee Certification. I understand that all applicable fees submitted are non-negotiable and non-refundable.

I hereby release, discharge, and agree not to sue the City of Lake Elsinore, its officers, agents, and employees in connection with my participation in the Program for whatever cause. In consideration for being permitted to participate in the Program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Lake Elsinore its officers, agents and employees from any and all claims, demands, actions or suits arising out of or in connection with my participation in the Program.

I have carefully read and agree with the terms and conditions contained in this form and I agree to verification of any and all information contained herein by a City of Lake Elsinore representative. Falsifying any of the information contained in this application or related documentation will lead to my disqualification from the Business Program. I understand that details of this Program are subject to change without prior notice.

PAYMENT INFORMATION

☐ \$100 Processing Fee

If paying by check, please make checks payable to: **City of Lake Elsinore** and remit with this signed application to the above referenced address.

*Please note that a fee of \$25 dollars will be charged for any returned checks.

If paying by credit or debit card, please fill out the credit card authorization form below, sign and returned with the completed, signed application to the above referenced address.

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Expiration Date: _____

CVV (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

Cardholder Name: _____

Card Number: _____

SIGNATURE (required): _____ DATE: _____

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

By signing this application, you certify that you have read and understood the terms and conditions of the Healthy LE Endorsement Program and agree to comply with all conditions.

Signature

Print Name

Date