



BUSINESS OUTLINE
between Town of Kennebunkport and

Business Owner(s) Name(s): _____

Address: _____ **Ph #:** _____

Emergency Contact Name & Ph #: _____

Name of Business: _____

Location of Business: _____ **Ph #:** _____

Days & Hours of Operation: _____

Number of Employees: _____

Property Owner: _____

Address: _____ **Ph #:** _____

Any modification needed to building to operate business? _____ If so, what?

By signing below, business owner(s) agrees that there will not be any food, liquor or other beverages sold in the establishment. By signing below, business owner(s) agrees that there will not be any adult-themed material on display, used or sold in the establishment. By signing below, business owner(s) agrees that there will not be any tattoos or medical procedures performed in the establishment.

Brian S. Shaw
Code Enforcement Officer

Lisa Harmon, Notary Public
