



**BUSINESS OUTLINE**  
**between Town of Kennebunkport and**

**Business Owner(s) Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

**Emergency Contact Name & Ph #:** \_\_\_\_\_

**Name of /Type of Business:** \_\_\_\_\_

**Location of Business:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

**Days & Hours of Operation (approx):** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

**Any modification to building needed in order to operate business? \_\_\_\_\_ If so, what?**

\_\_\_\_\_

**A copy of the Lease must be attached to this outline.**

**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.**

\_\_\_\_\_  
**Business Owner:**