



BUSINESS OUTLINE/SHOP OPENING INFORMATION
between Town of Kennebunkport and

Business Owner(s) Name(s): _____

Mailing Address: _____ **Ph #:** _____

Email Address: _____

Emergency Contact Name & Ph #: _____

Email Address: _____

Name of /Type of Business: _____

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

Days & Hours of Operation (approx): _____

Number of Employees: _____

Property Owner: _____

Mailing Address: _____ **Ph #:** _____

Email Address: _____

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:

BP# _____

Date Permit Issued: _____

Inspection Date: _____