



Town of
Warrenton
NORTH CAROLINA

Business Information

Business Name: _____ Today's Date: _____

Business Address: _____

Corporate Name: _____ Phone # _____

Business Owner: _____ Phone # _____

Email Address: _____

Does someone manage or "run" your business? If yes, please provide a contact name and number:

Contact Name: _____ Phone # _____

Email Address: _____

Emergency Contact: Name _____ Phone # _____

Briefly describe your business:

Number of Employees: Full Time Employees: _____ Part Time Employees: _____

Hours of operation: _____

Do you OWN or LEASE the building your business is in? Own Lease {If leasing please provide owner info}

Owner's Name: _____ Phone # _____

Is this business located in the Historic District of Warrenton? YES NO

Does this establishment serve alcohol? YES NO