

Signature

128 N. Powell St P.O. Box 728 Forest City, NC 28043 828.245.0148 townofforestcity.com

Date

Business Name:			
Business Address:			
City:	State:		Zip Code:
Contact Name:			
Point of Contact Role:		Phone l	Number:
Email:			
Does your business have a curre beverages? _ Yes _ No	nt ABC License	e for "on-pre	emises consumption" of alcoholic
Please select one of the followin social district.	g options for yo	our business	s in terms of opting IN or OUT of th
<ul> <li>Opt IN: My business would lik within the Social District.</li> </ul>	ce to participate	e in serving a	alcoholic beverages to be consume
<ul> <li>Opt OUT: My business would consumed within the Social I</li> </ul>	•	articipate in s	serving alcoholic beverages to be
	st City must prov	vide written	ns of The Burnt Chimney District. I als approval of the containers before I becial District boundaries.
_ l agr	ee to abide by th	he rules and	regulations.

Print name