



BUSINESS DIRECTORY LISTING REQUEST

TOWN OF GRAY MAINE

For Office Use Only

Date Received: _____

Received by: _____

CONTACT INFORMATION

Name	
Email Address	
Business Mailing Address	
Business Physical Address	
Exclude Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check "yes" if this is a home business and you wish to exclude the physical business address from your listing.

BUSINESS DIRECTORY LISTING

It is the sole responsibility of the registered owner / authorized representative of the business or organization to periodically review the listing and provide updated information and request for annual renewal as necessary.

Business/Organization Name	
Tagline/Catchphrase	
Address	
Phone Number	
Web Site URL	

BUSINESS TYPE

<input type="checkbox"/> Child Care	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Computer	<input type="checkbox"/> Lodging	<input type="checkbox"/> Recreation
<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shopping
<input type="checkbox"/> Dining	<input type="checkbox"/> Medical	<input type="checkbox"/> Telephone/Broadband
<input type="checkbox"/> Education	<input type="checkbox"/> Personal Services	<input type="checkbox"/> Wellness
<input type="checkbox"/> Financial	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Worship
<input type="checkbox"/> Heating/Plumbing	<input type="checkbox"/> Other (please specify)	

NOTES/ADDITIONAL INFORMATION

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OWNER SIGNATURE

Business Owner Signature/Date: