ALBEMARLE
NORTH CAROLINA
Water. Air. Land. Opportunity.

Print Name of Application/Host Organization:_____Title:_____

Signature_____ **Submission Date**:_____

Business Notification Form

Proposed Event Title and Nature of Event:_____

Date of Proposed Event:_____ **Times of Proposed Event**:_____

Streets Proposed to be closed or Partially Closed:

_____

_____

Businesses Notified

Business Name	Date of Notification	Time of Notification	Person Notified	Favor/Against	Signature (if possible)