

Please complete and return to the Rowan/Kannapolis ABC Board

Name of Business: _____

Address: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Hours of Operation:

Monday	Open:	Close:
Tuesday	Open:	Close:
Wednesday	Open:	Close:
Thursday	Open:	Close:
Friday	Open:	Close:
Saturday	Open:	Close: