COMMERCIAL TOUR BUS VISIT APPLICATION

NOTIFICATION DATE: _____

REPRESENTATIVE: _____ **E-MAIL:** _____

NAME (dba): _____ **TELEPHONE:** (___)_____**FAX:** (___)_____

ADDRESS: _____
street city state zip code

REQUESTED DATE/S:

CONFIRMATION# (Office Use Only)
_____
_____
_____
_____
_____

____/____/___ ARRIVALS _____:_____ AM/PM DEPARTURES _____:____ AM/PM

____/____/___ ARRIVALS _____:_____ AM/PM DEPARTURES _____:____ AM/PM

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____/____/___ ARRIVALS _____:_____ AM/PM DEPARTURES _____:____ AM/PM

____/____/___ ARRIVALS _____:_____ AM/PM DEPARTURES _____:____ AM/PM

If you would like to make a change to the above dates, arrivals, or departures, please contact us as soon as possible prior to your scheduled arrival:

Kennebunk·Kennebunkport Chamber of Commerce
P.O. Box 740
Kennebunk, ME 04043
Telephone: (207) 967-0857 Fax: (207) 967-2867 E-mail: info@visitthekennebunks.com

**********CONFIRMATION – TO BE FILLED OUT BY AUTHORIZING AGENCY**********

REPLY DATE: _____ Application(s) approved: yes no

Thank you for your recent notification regarding bus arrivals and departures to Kennebunkport via Cross Street.

If your application has been approved, a confirmation number will be identified in the box. Please forward a copy of this form to your tour bus driver/operator. If your application has not been approved, please contact us for additional information.