



BUSINESS PROFILE

Business Name _____

Physical Address _____

Mailing Address _____

City, State, Zip _____

Phone 1 _____ Phone 2 (Cell) _____

Website Address _____

Facebook Page Name _____

Other Social Media _____

Contact Person(s) _____

Email _____

Business Type

Restaurant

Lodging

Shopping

Attraction

Music

Recreation

Service Provider

Event

Other: _____

Days / Hrs of Operation

Specialty/Best Known For (40-45 words):

Fee/Admission:

Submit Form To:

Heart of Appalachia Tourism Authority
 PO Box 186, 3028 4th Avenue Market Square, St. Paul, VA 24283 ~ 276-762-0011
<http://HeartOfAppalachia.com> Facebook: The Heart of Appalachia Tourism Authority
info@HeartOfAppalachia.com

