

Waynesville Social District

Registration Application for ABC Permit Holder Participation

Date: _____

Business Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

By signing this acknowledgement, I agree to the terms outlined in the Management and Maintenance Plan. I have read and understand the guidelines and procedures for the Waynesville Social District. The Town of Waynesville reserves the right to prohibit or pause participation in the Social District at any time.

Signature: _____ Date: _____

Name: _____