



Tourism Partner Inventory Form
New Partner Information

Business Name: _____

Address: _____

City: _____ State: NC Zip Code: _____

Mailing Address: _____

City: _____ State: NC Zip Code: _____

Phone #: _____ Fax #: _____

Toll Free Phone #: _____

Public Email: (will be displayed on website) _____

Website URL: _____

Best Contact Name: _____

Title: _____ Phone #: _____

Email: _____

Social Media: Please email us links to each social account

___ Facebook

___ Google+

Do you have access to your
TripAdvisor listing and
reviews? ___ Yes ___ No

___ Twitter

___ Pinterest

___ Instagram

___ TripAdvisor

___ YouTube

Are you ADA/Handicap Accessible? ___ Yes ___ No

Parking (Check all those that apply)

___ Parking Lot

___ Street

___ Motorcoach/RV

Hours:

Do you make a Johnston County Product? ___ Yes ___ No

If yes, what product? _____

Do you serve or sell local beer, wine or moonshine? ___ Yes ___ No

If yes, what product? _____

Do you have a meeting space or offer your location for rentals? ___ Yes ___ No

Do you want to participate in any of our packages? ___ Yes ___ No ___ Unsure

Do you want to include a coupon with your listing on our website? ___ Yes ___ No ___ Unsure

Description: (50 words or less)

For JCVB Office Use Only	Account #:	Tags:
	Region:	