



Tourism Partner Inventory Form

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
- ___ Twitter
- ___ Instagram
- ___ YouTube

- ___ Google+
- ___ Pinterest
- ___ TripAdvisor

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

Are you ADA/Handicap Accessible? ___ Yes ___ No

Parking (Check all those that apply)

- ___ Parking Lot
- ___ Street
- ___ Motorcoach/RV

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)

Hours: