



CLIENT OPENING SURVEY FORM

Mr/Mrs/Miss

MR./MRS./MISS

Adelina

FIRST NAME

Nabours

LAST NAME

216-230-4892

CONTACT NUMBER

216-937-5320

ALTERNATE NUMBER

COMPANY DATA BASE

adelina_nabours@gmail.com

EMAIL ADDRESS

[Buckhorn Supper Club](#)

COMPANY NAME

<http://www.thebuckhorn.net>

WEBSITE URL

[11802 N Charley Bluff Rd](#)

Address

[Milton](#)

City

[Wisconsin](#)

State

[53563-9644](#)

ZIP Code

[Cafes, Restaurants and Takeaway Food Services](#)

SIC DESCRIPTION

[451](#)

SIC CODE

[Independent](#)

ENTITY TYPE

[\\$500,000 to \\$999,999](#)

COMPANY SALES

[191,300](#)

REVENUE (USD)

[Wisconsin](#)

COUNTRY/REGION

[YES](#)

MEDICAL INSURANCE



US Hwy 1 S, Saint Augustine, FL 32086 ,Plantation Island
Dr S, Saint Augustine, FL 32080



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1782