



## Membership Application

Restaurant Name: \_\_\_\_\_

Restaurant Address/Zip: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Restaurant Tel Number: \_\_\_\_\_

Contact Cell Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

We'd like to become more familiar with you and restaurant(s). Please answer the following questions.

1. How many restaurants are in your organization? Please identify them and their locations:
2. Would you define your kitchen as a scratch kitchen?
3. Please describe your culinary concept and how your kitchen operates and identify your Executive Chef:
4. Why do you want to be a member of Dine Originals?
5. What are your expectations of Dine Originals Columbus?

6. Do you have a clear understanding of the membership expectations of DOC (meetings, promotions, gift certificate sales etc)? Are you confident that you can be an active and engaged member?

7. How is your ownership structured? (i.e. owner/operator, partnership, etc)

Should you become a member of Dine Originals Columbus we will make every effort to communicate clearly with your organization. Please complete the following contact data.

Restaurant Owner Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tel Number: \_\_\_\_\_