



# Dining Out Programme Application Form

## 1. Your Company Details

<b>Company Name</b>	
<b>Company Address</b>	
<b>Your Name</b>	
<b>Job Title</b>	
<b>Contract Signatory Name</b>	
<b>Contract Signatory Job Title</b>	
<b>Contact Telephone No.</b>	
<b>Email Address</b>	
<b>Website Address</b>	
<b>Registered Company Name</b> <i>(if different from the above)</i>	
<b>Registered Company Address</b> <i>(if different from the above)</i>	
<b>Registered Company Number</b>	
<b>GST Number</b>	

## 2. PR or Marketing Contact Details

<b>Agency Name</b> <i>(if applicable)</i>	
<b>Contact Name</b>	
<b>Job Title</b>	
<b>Telephone No.</b>	
<b>Email Address</b>	

### 3. Accounts Payable Details

Contact Name	
Job Title	
Telephone No.	
Email Address	

### 4. Social Media Contact Details

Contact Name	
Job Title	
Telephone No.	
Email Address	

### 5. Complaints Contact Details

Contact Name	
Job Title	
Telephone No.	
Email Address	

### 6. About Your Venues

Total number of venues to be accredited \_\_\_\_\_

Please list the venues that you wish to have accredited in the spreadsheet on page 4. If you have more than 5 venues please request the Venue Guide spreadsheet to complete instead.

### 7. About Your Staff

	Number of Key Staff*	Number of Staff
Full time		
Part time		
Front of house		
Kitchen		
Chefs		
Management		

\*Key Staff are persons who hold a position of responsibility within the business – kitchen, front of house or management.

## 8. Your Gluten Free Menu

Please give a few examples of gluten-free menu options you currently have available (if applicable):


How do you identify GF menu items to customers?

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## 9. About Your Regulatory Systems

Does your business use Food Control Plans? Yes/No

If yes, when did you start using them?    /    /20

If no, when do you plan to start using them?    /    /20

Please list the different annual inspections/audits conducted, who carries them out (e.g. Local Council or Audit Company) and the date of the most recent inspection.

Type of Inspection/Audit	Who does it?	Most recent
<i>e.g. FCP Inspection</i>	<i>Wellington City Council</i>	<i>24/03/2016</i>

## 10. Declaration

I confirm that the above is true for my Venue/ all of my Venues (delete as applicable). I understand that this declaration is a formal part of the licensing agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**List the venues that you wish to have accredited**

*If you have more than 5 venues please request the Venue Guide spreadsheet to complete instead.*

Venue Name	Venue Address	Email Address	Telephone Number	Venue type (e.g. restaurant)	Cuisine type (e.g. French)