

Dining Out Programme

Application Form

# Your Company Details

|  |  |
| --- | --- |
| Company Name |  |
| Company Address |  |
| Your Name |  |
| Job Title |  |
| Contract Signatory Name |  |
| Contract Signatory Job Title |  |
| Contact Telephone No. |  |
| Email Address |  |
| Website Address |  |
| Registered Company Name  *(if different from the above)* |  |
| Registered Company Address  *(if different from the above)* |  |
| Registered Company Number |  |
| GST Number |  |

## PR or Marketing Contact Details

|  |  |
| --- | --- |
| Agency Name *(if applicable)* |  |
| Contact Name |  |
| Job Title |  |
| Telephone No. |  |
| Email Address |  |

1. Accounts Payable Details

|  |  |
| --- | --- |
| Contact Name |  |
| Job Title |  |
| Telephone No. |  |
| Email Address |  |

1. Social Media Contact Details

|  |  |
| --- | --- |
| Contact Name |  |
| Job Title |  |
| Telephone No. |  |
| Email Address |  |

1. Complaints Contact Details

|  |  |
| --- | --- |
| Contact Name |  |
| Job Title |  |
| Telephone No. |  |
| Email Address |  |

# 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.*

# 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.*

1. 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?

|  |
| --- |
|  |

1. 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 |
| *e.g. FCP Inspection* | *Wellington City Council* | *24/03/2016* |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. 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.

Date

Signature

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) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |