|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of business ……… | | | | (*Filled in from the Cyprus Tourism Organization*) | |
| Business name: | | | | | |
| Name and surname of the Owner/Manager: | | | | | |
| Address: | | | | | |
| Phone number: | | | Fax number: | | |
| Email address: | | | Website: | | |
| Business Category: | ❑ Restaurant | ❑ Tavern | | | ❑ Hotel Restaurant/Tavern |
| Name and surname of contact person:  Contact Number: | | | | | |
| General information (Municipality or Community where the business is situated, cuisine offered, year round operation of the business or seasonal operation) | | | | | |
| Business capacity (number of tables): | | | | | |
| Employed personnel(permanent employment): | | | | | |
| Seasonal personnel: | | | | | |
| Hours and days of operation: | | | | | |
| Certification with another Quality Label and / or Quality Management System: ❑ YES ❑ NO | | | | | |

*I assure you that:*

1. *I fully and unconditionally accept the certification specifications and procedures of the Quality Label for promoting the Cypriot Gastronomy.*
2. *The information given in the form is correct and true.*
3. *I enclose: (a) a copy of the menu, (b) a copy of the wine list (in case it is a separate document and is not included in menu).*

Date: / / 2017

The applicant

(Signature and Stamp)