|  |  |
| --- | --- |
| 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)