



Membership Application

Restaurant Name: _____

Restaurant Address/Zip: _____

Contact Name and Title: _____

Restaurant Tel Number: _____

Contact Cell Number: _____

Contact Email Address: _____

Website : _____

Date of Application: _____

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

1. How many restaurants are in your organization? Please identify each with locations, and tell us how many seats each one has:
2. Please describe your culinary concept:
3. We use the term "scratch kitchen" in our membership criteria, understanding that it can look different ways in a wide variety of operations...how is your kitchen organized?
4. Why do you want to be a member of Dine Originals Columbus?
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)

8. What are your average lunch and dinner check amounts?

9. How long have you been in business?

Please attach a copy of a menu to your application.

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 as applicable:

Restaurant Owner Name: _____

Email Address: _____

Tel Number: _____

Manager Name: _____

Email Address: _____

Tel Number: _____

Executive Chef Name: _____

Email Address: _____

Tel Number: _____