



Restaurant Application for Membership

Please complete this application and send all pertinent documentation to:
Taste of Nova Scotia • 36 Brookshire Court, Suite 14 • Bedford, NS B4A 4E9

Company/Sole Proprietor Name: _____

Company Registration Number: _____

Established: _____

Type of Business: _____

Street Address: _____

Mailing Address: _____

City/Town: _____

City/Town: _____

Postal Code: _____

Postal Code: _____

Telephone: _____

Fax: _____

Email: _____

Web site: _____

Open Year Round Seasonal (May 1st to October 31st)

Seating Capacity: _____

Contact Person: _____

Position: _____

Name of Chef: _____

General Manager: _____

Taste of Nova Scotia Membership Fee: Fee: + 13% HST = Total

Payment Option: Payment in full upon receipt of invoice
 50% due upon receipt of invoice & remaining 50% due on or before July 31
 Company Cheque VISA Mastercard American Express



Restaurant Application for Membership continued

Explain how your chef incorporates foods from Nova Scotia into menu planning:

Provide a summary of your marketing activities

(include a brief outline of advertising, promotion and other marketing efforts as they relate to your company and products):

Please indicate how you plan to use the program in your marketing activities:

Define your company's efforts in the area of Customer Service:

Describe your company's efforts regarding training of employees:

Please indicate memberships and industry associations with which you are currently associated:

Please elaborate on any other factors that contribute to your company's quality product or establishment:

Define procedures for handling customer complaints:
