



Application for DiRōNA's Anonymous & Independent Restaurant Inspection

Timeless Traditional Category

*Fax, mail, or e-mail this form, fully completed and with your application fee, to:
DiRoNa Membership Application: 105 West Michigan Avenue, Marshall, MI 49068 USA
(269) 789-0731 fax | www.dirona.org*

DiRōNA requires the following information of all membership applications. Please take the time to consider and fully answer each question. Only the content of this form, unless follow up information is requested, will generate an inspection.

Because of the anonymous nature of DiRōNA's restaurant inspections, inspectors will not announce their presence before, during, or after their visit(s). Inspections are conducted throughout the year and you will be notified in due course.

A non-refundable application fee of \$250.00 (U.S.) is required with this form to cover the costs of inspection. Should your restaurant inspection be successful, the annual membership fee of \$400.00 must be paid in full within 30 days of notification. If unsuccessful, you will receive your restaurant inspection report detailing areas for improvement to re-apply for DiRōNA membership.

Please print clearly:

Name of Person Submitting Application: _____

Email: _____ Phone: _____

Restaurant Name: _____ Date Submitted: _____

Property Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Website: _____ E-mail: _____

Please indicate the type of cuisine for this restaurant:

- American Asian Bistro Contemporary Eclectic French International/Continental Italian
 Latin-American Mexican Regional Seafood Steakhouse Other (please specify) _____

This restaurant is a Single-Unit Operation Multi-Unit Operation (check one)

This restaurant has been in operation for ____ years*

*DiRōNA requires that the restaurant has been in business for a minimum of 2 (two) years, under the same ownership and same restaurant theme, to be eligible for inspection for the Timeless Traditional category.

Please provide hours of operation, seasonal closing information that will assist the inspector and expedite the inspection and approval process.

Restaurant Owner: _____ General Manager: _____

Chef: _____ Sommelier: _____

Pastry Chef: _____ How many guests can be seated in this restaurant? _____

Which industry related awards has this restaurant received in the last three years?

Award: _____ Year Awarded: _____

Award: _____ Year Awarded: _____

Award: _____ Year Awarded: _____

Please list additional accolades received in the last 2 years of operation you would like to be considered within this application:

Please explain the philosophy, or vision, for this restaurant and cuisine:

How often is the menu changed? (Add additional information to be considered in relation to the restaurant menu(s).)

Please explain the wine, spirits, and beverage collection:

How would you describe the restaurant design/surroundings:

Were you recommended by a DiRōNA member? If so, please provide their name and restaurant.

How do you know about DiRōNA?

Please add other information you would like to be considered in relation to the distinguished dining experience at this restaurant:

Please attach a short bio of the chef and owner.

I understand that my DiRōNA membership is subject to an application fee of \$250.00 (U.S.) payable now, and that my membership balance of \$400.00 (U.S.) will be required before my annual DiRōNA membership is activated. I understand that I will also be asked from time to time to participate in consumer events or asked to donate gift certificates for consumer members.

Please print and sign (Authorized to sign on behalf of the above named restaurant)

Dated

Check payable to **DiRōNA** enclosed.

Please charge my: AMEX Discover Mastercard Visa

Name (as it appears on card) _____

Card Number _____ Expiration Date _____ CVV Security Code _____

Signature _____

————— **DISTINGUISHED RESTAURANTS OF NORTH AMERICA** —————

105 West Michigan Avenue | Marshall, MI 49068, USA | (269) 789-9316 phone | (269) 789-0731 fax | dirona.org