



# Application for DiRōNA's Anonymous & Independent Restaurant Inspection

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## *Legendary Landmark Category*

*Fax, mail, or e-mail this form, fully completed and with your application fee, to:  
DiRōNA Membership Application, 455 South Fourth Street, Suite 650, Louisville, KY 40202 USA  
(502) 589-3602 fax | [www.dirona.org](http://www.dirona.org)*

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DiRōNA requires the following information. Please take the time to consider and fully answer each question.

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

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***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 10 (ten) years, under the same ownership and same restaurant theme, to be eligible for inspection for the Legendary Landmark category.*

***Please provide hours of operation, seasonal closing information.***

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Restaurant Owner: \_\_\_\_\_ General Manager: \_\_\_\_\_  
Chef: \_\_\_\_\_ Marketing Director: \_\_\_\_\_  
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:*

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

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*How would you describe the restaurant design/surroundings:*

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*Explain how you promote this restaurant (include indirect promotions such as charitable giving, collaborative advertising, trade events, etc.)*

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*How do you know about DiRōNA?*

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

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*Please attach the following:*

— A short bio of the chef and owner.

— Written History of Establishment

Please include the historical implications of the location and/or building, any dishes or specialty items developed and served by your establishment for the first time, etc.

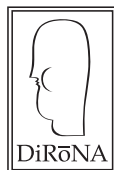
— Local, Regional and/or National Media Coverage

Please include copies of print media and a list of television/radio coverage

I understand that my DiRōNA membership is subject to an application fee of \$250.00 (U.S.) payable now, and that my membership fee of \$400.00 (U.S.) will be required before my annual DiRōNA membership is activated. I understand that I may 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*



**DISTINGUISHED RESTAURANTS OF NORTH AMERICA**