



Application for DiRōNA's Anonymous & Independent Restaurant Inspection

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

DiRōNA requires the following information of all membership applications. Please take the time to consider and fully answer each question. Supplementary information attached to this form will not be considered. Please do not attach menus, wine lists, sample reviews, or publicity materials. 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 \$500.00 (U.S.) is required with this form to cover the costs of inspection. Should your restaurant inspection be successful, your \$500 fee will be applied to your DiRōNA Annual Membership Fee of \$1,500. The balance of \$1,000 must be paid in full for your DiRōNA Membership to be activated. Should your restaurant inspection be 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 3 (three) years, under the same ownership and same restaurant theme, to be eligible for inspection.

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

Have physical or structural changes been made to this restaurant in the last 3 years? If so, please explain:

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 recent accolades you would like to be considered within this application:

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

Please provide a short bio of the Chef:

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:

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

What is your policy and procedure for handling customer complaints?

Why should this restaurant become a member of DiRōNA?

How do you know about DiRōNA?

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

I understand that my DiRōNA Membership is subject to an Application Fee of \$500.00 (U.S.) payable now, and that my Membership balance of \$1,000 (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.

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

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Dated