



# Application Form

[www.nigoodfood.com](http://www.nigoodfood.com)

# Taste of Ulster Charter

## **Article 1:**

The member's duty is to source, use and promote local food where possible.

## **Article 2:**

The member will not intentionally mislead the customer's good faith by serving food not sourced from the local origin stated.

## **Article 3:**

A member will work to deliver a positive experience for domestic and foreign visitors.

## **Article 4:**

A member will display the correct Taste of Ulster certificate and plaque in their establishment.

## **Article 5:**

A member will engage in Taste of Ulster activities and events where possible.

## **Article 6:**

A member should aspire to inform and educate their staff of the provenance of local food in their establishment.

## **Article 7:**

It is every member's responsibility to promote innovative local suppliers to consumers.

## **Member Signature:**

\*If your application is successful a copy of this charter will be available on request

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Date \_\_\_\_\_

# Application Form

**Name of Establishment:**

**Contact Name and Position:**

Were you a Taste of Ulster member last year?

Yes

No

If yes, are the details (including description and photograph) correct?

Yes

No

**If no, please give details:**

Yes

No

If you are applying as a new member, please fill in the following:

**Secondary Point of Contact and Position:**

**Address and Postal Code:**

**Location Description:**

**Telephone Number:**

Mobile Number (for admin only):

Fax Number:

**E-mail Address:**

Website:

Please provide a brief description about your establishment that will be included in the Taste of Ulster guide if your application is successful (max 250 words, if preferred this can be word processed and attached to the form or emailed):

**Hours of Food Service** (e.g. Breakfast 7.00am-9.00am etc and N/A if you do not provide the meal listed):

<b>Meal</b>	<b>Hours of Food Service</b>
Breakfast	
Lunch	
High Tea	
Dinner	
Sunday Carvery	

**Category:**

Please choose one that best describes your establishment and state whether it is licensed or unlicensed and your seating capacity (\*N.B- This will be checked by the inspector)

Establishment	Licensed	Unlicensed	Seating Capacity
Hotel			
Restaurant			
Guest House			
Gastro Pub			
Coffee Shop			
Bed & Breakfast			
Other, Please Specify:			

**Is there any day of the week when meals are not served?**

Yes

No

If yes, please specify:

**Is your establishment open all year round?**

Yes

No

If no, please specify:

**Are meals available for Non-Residents?**

Yes

No

N/A

Price Range, please tick below:

	Under £5	£5-£10	£10-£15	£20-£25	£25-£30	£30-£40	£40+
Breakfast							
Lunch							
High Tea							
Dinner							

Please indicate available payment methods by ticking the relevant boxes below:

MasterCard	<input type="checkbox"/>	American Express	<input type="checkbox"/>
Visa	<input type="checkbox"/>	Switch/Maestro	<input type="checkbox"/>
Diner Club	<input type="checkbox"/>	Carte Bleue	<input type="checkbox"/>

If other, please specify: \_\_\_\_\_

**Additional Information:**

	Yes	No
Do you have disabled facilities (toilets, ramps etc)?		
Do you have an outdoor smoking area?		
Do you provide entertainment?		
Do you accept dogs at your establishment?		
Do you provide vegetarian options?		
Does your menu include gluten free options?		
Do you accept children at your establishment?		
Are children's meals available?		
Please specify if there are particular times children are not allowed in your establishment:		
Do you have designated parking facilities?		
If no, please state if there is parking nearby.		

**Taste of Ulster Subscription Fees:** The amount depends on the seating capacity of your establishment, please tick which applies to you.

No of Covers	Price (Inc. VAT@20%)	Please Tick
Up to 29 Covers	£174.00	
30-59 Covers	£210.00	
60 + Covers	£288.00	

- Groups of 3+ establishments - 10% Discount
- Groups of 6+ establishments - 15% Discount

**Awards/Classifications:**

Please state any awards or classifications which have been presented to your establishment.

Please read the terms and conditions overleaf and sign the Food Voucher as a declaration.  
Once completed please send to the following address along with a cheque, made payable to

**Food NI Ltd.**

Taste of Ulster  
Food NI  
71-75 Percy Street  
Belfast Mills  
BELFAST  
BT13 2HW


Or e-mail: [lindsay@nigoodfood.com](mailto:lindsay@nigoodfood.com)

By signing the below declaration, you and your establishment are agreeing to the following:

- Upholding the Taste of Ulster Charter and following it to the best of your ability
- To source, use and promote local food, where possible, for the menu.
- The information given is truthful and is allowed to be used in the Taste of Ulster guide and on our website, once you have passed your inspection
- The below food voucher will be accepted as payment for the inspector's meal, providing the already outlined rules are abided by
- The membership fee and/or the value of the food voucher will not be reimbursed once this application form has been sent

We look forward to welcoming you as a Taste of Ulster member this year. If you have any queries, please do not hesitate to contact us on 028 90 249 449

**Thank You!**

<b>Taste of Ulster Food Voucher and Declaration</b>		
<b>This Taste of Ulster Food Voucher will be accepted as full payment for a single meal only. It is valid on Tuesday, Wednesday, Thursday and Friday only.</b>		
<b>Voucher valid for the cost of inspector's 3 course meal &amp; 1 drink</b>		
Establishment Name:	<input type="text"/>	<b>Validation Stamp (For office use only)</b>
Signed as valid:	<input type="text"/>	
Date:	<input type="text"/>	