

ITALIAN RESTAURANTS IN THE UNITED STATES



Ospitalità Italiana Seal
Registration form



GENERAL DATA			
Restaurant name:			
Address			
Country		City	
Tel:	Fax:	Mobile:	
E-mail:			
Website:			
Restaurant closing period	m indicate period: from to		
	m indicate period: from to		
Settings:	indoor.....		Outdoor
Tables:	indoor.....		Outdoor
Rooms:	nr.	Surfacesq ft.	Outdoor surface: sq ft.
Average menu prices	Min \$ Max \$		
Prevailing clients origin	<input type="checkbox"/> Local	<input type="checkbox"/> National	<input type="checkbox"/> International
Willingness to carry out activities and promotional events in the own restaurant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ACCEPTED CREDIT CARDS			
Credit card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

MANAGEMENT			
Head/Manager:	name		surname
Company form:		Start up year:	
Closing day			- Lunch
			- Dinner
			- Whole day