



# RESTAURANT APPLICATION

## *The Mission Statement of A Taste of Buffalo, Inc.*

“To provide an affordable and enjoyable weekend festival in a socially responsible manner for the families of Western New York.”

*Thank you for your interest in the Taste of Buffalo.* The policy of the Taste is to offer previous years participants the right of first refusal. The deadline for turning in Restaurant Applications is January 31, 2010. Following that deadline, the committee will review all applications and begin filling the available space using the following criteria as a guide.

### RESTAURANT QUALIFICATIONS:

Restaurant must be a public eating-place, whose primary commercial function is to serve food on a retail basis. The establishment offers seating at the principle place of business and is open year round in Western New York.

### RESTAURANT CRITERIA:

- ⌘ Must meet the above definition of a restaurant
- ⌘ Maintain high quality standards
- ⌘ No duplication of food items already prepared the same way
- ⌘ Items must be offered on regular menu or house specials
- ⌘ Serve A “Healthy Option” menu item
- ⌘ Serve A “Taste Portion” menu item

PLEASE COMPLETE THE FOLLOWING INFORMATION & RETURN TO THE ADDRESS BELOW AS SOON AS POSSIBLE.

RESTAURANT NAME \_\_\_\_\_

RESTAURANT ADDRESS \_\_\_\_\_

RESTAURANT PHONE \_\_\_\_\_ FAX \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

CONTACT HOME ADDRESS \_\_\_\_\_

CONTACT HOME PHONE \_\_\_\_\_

CONTACT E-MAIL \_\_\_\_\_

How long have you been in business? \_\_\_\_\_ Seating Capacity \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

Have you done off-site business? \_\_\_\_\_ If yes, what? \_\_\_\_\_

Who referred you to the Taste of Buffalo? \_\_\_\_\_

**if your restaurant is selected to participate in the taste of buffalo you must meet the following menu item criteria:**

- 🌀 All menu items must be on your regular menu or your specials menu.
- 🌀 You must serve at least 3 items, but no more than 4.
- 🌀 You must serve a “Healthy Option” menu item. This can be one of the 3 items or can be added as a fourth item.
- 🌀 All pricing is in \$0.50 increments, with \$4.00 as the max.
- 🌀 You may serve up to 2 menu items at \$4.00, the other 1 or 2 menu items must be served between \$1.00 and \$3.50. Multiple price points for 1 menu item are acceptable (i.e. \$4.00 portion, \$2.50 portion and a \$1.50 “taste” portion).
- 🌀 You must serve at least 1 “taste” size portion of one of your menu items at \$1.50. All menu items can have a “taste” size if desired.
- 🌀 Menu items cannot duplicate any other restaurants menu items prepared the same way. The decision on duplication is up to the discretion of the Taste of Buffalo.

**please BRIEFLY DESCRIBE SEVERAL ITEMS YOU WOULD CONSIDER SERVING.**

1. \_\_\_\_\_ 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 6. \_\_\_\_\_

**the taste of buffalo PROVIDES EACH RESTAURANT:**

- 🌀 Tent, including side flaps sufficient to cover three sides of the tent
- 🌀 Professionally made sign identifying your restaurant with name and/or logo
- 🌀 Security
- 🌀 110 volt 4-outlet 60 AMP electrical line – additional electric is available at an extra cost based on needs including 220 lines
- 🌀 Access to water
- 🌀 A Restaurant Committee Representative assigned to work with you to help with processing initial paper work, and planning and execution. They will be on site at the event as well.
- 🌀 Entrance Fee includes Health Department permit and Temporary Stand permit ONLY.

**you WILL be expected to:**

- 🌀 Pay Entrance Fee of \$700.00 and 18% of your Gross Sales plus Sales Tax from your participation in the Taste of Buffalo
- 🌀 Complete all paperwork in a timely fashion and meet all deadlines
- 🌀 Attend mandatory restaurant meeting prior to the event. Date to be determined.
- 🌀 Adhere to all guidelines and rules of the Taste of Buffalo
- 🌀 Provide an electronic copy of your restaurant’s color logo in either vector art EPS format or a high resolution JPEG or TIFF format (300 dpi).

**please RETURN THIS COMPLETED FORM to:**

**a taste of buffalo, inc.**

Attn: MJ Wiepert  
99 Saint Gregory Court  
Williamsville, NY 14221

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_