



HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

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APPLICATION FORM FOR HOSPITALITY & FOOD SERVICES

1) QSRS 2) CLOUD KITCHEN 3) FOOD TRUCK

We are desirous of joining as "**Hospitality & Food Services**" of the Hotel & Restaurant Association Western India.

If admitted, we agree to abide by the rules and regulations of the Association in force from time to time and it shall be our endeavor to adhere to the policies initiated by the Association and further its prestige. The particulars of our Establishment are mentioned below :

1 Name of Establishment : _____

2 Licences held in the name of : _____

3 Name of Ownership : _____

(Whether Co./ Firm/ Proprietorship/ Other) (Tick Appropriate)

4 Name of Proprietor/ Partners/ Director : (1) _____ (2) _____

(3) _____ (4) _____

5 Name of Franchisee (if any) : _____ Mobile : _____

6 Name of Contact Person : _____ Mobile : _____ E-mail : _____

7 Premises : Self Owned Leased Rented Other

8 Address of Establishment : _____

City : _____ State : _____ Pin Code : _____

Tel : _____ Mobile : _____ Fax : _____

Email : _____ Web : _____

9 Address for Correspondence Address : _____

City : _____ State : _____ Pin Code : _____

Tel : _____ Mobile : _____ Fax : _____

Email : _____ Web : _____

10 Access : (Distance in kms.) Airport : Domestic : International : Railway Station :

Landmarks : _____

11 No. of Employees

(a) Male : (Total) _____ Skilled _____ Unskilled _____

(b) Female : (Total) _____ Skilled _____ Unskilled _____

FINANCIAL YEAR

The Financial Year is from 1st April to 31st March, however if any new members are admitted during the months of February and March, their membership will continue till the end of the next financial year.

MEMBERSHIP CRITERIA

1. Strict quality control on hygiene standards must be adopted by the Establishment, especially in respect of supply of clean water, food handling, storage of materials and cleanliness standards.
2. The good-will and reputation of the Establishment will be considered.
3. Report of the local Association, affiliated to HRA(WI) or a senior prominent member from the area will be called for, if required.
4. The Establishment must be operational, holding all the requisit valid licenses as per enclosed checklist (copies of the same to be furnished.)
5. The Establishment provide latest photographs and Menu Card copy.

Membership will be accepted / rejected within a maximum period of 60 days of receiving the completed application form.

CHECK LIST FOR HOSPITALITY & FOOD SERVICES FORM

TO BE CONFIRMED AND ATTACHED IN THE ORDER AS SPECIFIED

	YES	NO	ANNEXURE
1. Shops & Establishment License	<input type="checkbox"/>	<input type="checkbox"/>	A
2. Health Department License	<input type="checkbox"/>	<input type="checkbox"/>	B
3. F.S.S.A.I. License	<input type="checkbox"/>	<input type="checkbox"/>	C
4. PAN Card	<input type="checkbox"/>	<input type="checkbox"/>	D
5. Aadhar Card	<input type="checkbox"/>	<input type="checkbox"/>	E
6. GST Challan	<input type="checkbox"/>	<input type="checkbox"/>	F
7. Menu Card	<input type="checkbox"/>	<input type="checkbox"/>	G

* **Site visit is Mandatory.**

For Office Use Only

Membership Entrance fees and Subscription amount :

Enclosed : Cheque / Demand Draft No.

Date : _____ For Rs. : _____

Drawn on : _____ Bank : _____ Branch : _____

Verified by : _____

Date : _____ Signature : _____

Admitted at the Executive Committee Meeting held on: _____ at : _____ Regd. No. : _____

Receipt No. : _____ Date : _____ of Rs.: _____