



# GO TEXAN Restaurant Program Application



## 1. MEMBERSHIP LEVEL (Select One)

Annual Cost

**Tier 1:** Limited license to use the GO TEXAN certification mark, listing on GO TEXAN website and mobile app, opportunities to be featured on GO TEXAN social media. Negotiated rates with program partners. **\$100**

**Tier 2:** Tier 1 benefits + listing in TDA and GO TEXAN digital publications (online directories and mobile apps), eligibility to apply for GO TEXAN Partner Program (GOTEPP) grant funds (if funds are available), up to 3 hours of marketing consultation, 10% discount on GO TEXAN merchandise. **\$500**

**Tier 3:** Tier 2 benefits + listing in TDA and GO TEXAN printed directories, choice of GO TEXAN display (acrylic award or trailer hitch), company graphic on GO TEXAN website, 20% discount on GO TEXAN merchandise. **\$1,000**

**Champion Sponsor:** Tier 3 benefits + prominent placement of company graphic on GO TEXAN homepage, customized marketing benefits. **\$5,000+**

## 2. BUSINESS TYPE (Select one)

- Corporation
- Limited Liability Co.
- Limited Partnership
- General Partnership
- Sole Proprietorship
- Cooperative
- Other (specify) \_\_\_\_\_

## 3. APPLICANT INFORMATION

Full legal business name (owner's name if sole proprietor – no aliases)

D.B.A.

**Company identification number:** On the line above, please provide ONE of the numbers below applicable to your business. **Applications CANNOT be processed without this information.**

- a) Texas Drivers License, if you are a sole proprietor.
- b) Texas Comptroller Taxpayer Vendor ID No., if you are a business type other than a sole proprietor.
- c) Federal Taxpayer No., if you are an out-of-state business.

## 4. AUTHORIZED REPRESENTATIVE

Please list the full legal name and title of the primary person responsible for the business. This person is authorized to enter into binding legal agreements on behalf of the Applicant.

First Name M.I. Last Name Title

Phone Number Ext. Fax Number

Mailing Address

City State Zip County

E-mail (Required)

## 5. PERSON TO CONTACT

This person can answer routine questions and is the point of contact for the Applicant, if different from #4.

First Name M.I. Last Name

Title

Phone Number Ext. Fax Number

Mailing Address

City State Zip County

E-mail

Would you prefer to be contacted by e-mail?  
 Yes  No

## 6. RESTAURANT INFORMATION

**Establishment Type** (Please choose one)

- Restaurant
- Food Truck

Facility address (physical street address of restaurant or EMS address for rural routes)

Address (No P.O. Box)

City State Zip County

Directions to physical location, if address above is difficult to find:

Phone Number

Business E-mail Display on www.gotexan.org  Yes  No

Website

Facebook Twitter

**Cuisine Type** (Select all that apply)

- American
- Asian
- Bar/Pub
- Barbecue
- Caribbean
- Contemporary
- Deli
- Other \_\_\_\_\_
- Desserts
- French
- Fusion
- Indian
- Italian
- Latin
- Mediterranean
- Mexican
- Seafood
- Slow Food
- Southwestern
- Steakhouse
- Tex-Mex
- Vegetarian



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## 6. RESTAURANT INFORMATION (Continued)

### Multiple Restaurant Locations

If you have multiple restaurant locations with the same name and legal business and company identification information from question 2, attach a list with the address and phone number for each location.

A \$10 annual fee is required per additional location operating under the same name. This fee is in addition to the base membership fee you selected above, but is only charged to Tier 1 members.

**Note:** If you have additional restaurants using different names, you must submit a separate restaurant application and membership fee for each.

## 7. HEALTH PERMIT

To verify that you are an established restaurant in the State of Texas, **PLEASE ATTACH A COPY OF YOUR RESTAURANT HEALTH PERMIT FOR EACH LOCATION.** A valid health permit is required in order to process this application.

## 8. DOES YOUR RESTAURANT SERVE TEXAS WINES?

Yes  No

## 9. WHICH LOCALLY GROWN AND RAISED ITEMS DOES YOUR RESTAURANT CURRENTLY USE?

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What additional Texas-grown food products (or Texas-processed alternatives to any food products) would you like more information on? List below:

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## 10. IS THE APPLICANT CURRENTLY THE SUBJECT OF ANY ENFORCEMENT ACTIONS OR INVESTIGATIONS BY ANY FEDERAL, LOCAL OR STATE AUTHORITY? HAS THE APPLICANT BEEN SUBJECT TO INJUNCTIONS, FINES OR LICENSE REVOCATIONS THAT ARE CURRENTLY PENDING? IF SO, PLEASE EXPLAIN:

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**PLEASE INCLUDE MEMBERSHIP FEE FOR THE MEMBERSHIP TIER YOU SELECTED, ALONG WITH ADDITIONAL LOCATION FEES IF APPLICABLE, AND RESTAURANT HEALTH PERMIT(S) WITH YOUR COMPLETED APPLICATION.**

Members will be billed a renewal fee for their membership, and additional location fees if applicable, approximately 45 days before membership expiration date each year.

## SIGNATURE

By signature below, Applicant acknowledges and certifies that:

1. Applicant is in good standing and qualified to do business in this state;
2. Applicant is in compliance with all applicable laws and regulations pertaining to the selling, advertising, marketing, packaging, manufacturing or commercial handling of its products and/or services;
3. Failure to comply with GO TEXAN program rules as defined in Chapter 17 of the Texas Administrative Code may result in termination of GO TEXAN membership;
4. The Texas Department of Agriculture (TDA) has sole discretion to determine if Applicant is eligible for participation in the GO TEXAN program;
5. TDA has sole discretion to determine if the actions of Applicant, its employees and agents, meet GO TEXAN program requirements;
6. TDA has permission to use any image, depiction, photograph, display or name of Applicant, or its principals, officers, employees, and/or products, in the promotion of the GO TEXAN program, in any media format or type;
7. Applicant will indemnify and hold TDA harmless from any and all claims, demands, damages (including reasonable attorney's fees) and causes of action arising out of or relating to the use referred to in number 6 above;
8. All information provided in this application is true and correct;
9. Any misrepresentation or false statement made in or as part of this application, whether intentional or not, will constitute grounds for TDA to deny or revoke the application, or terminate or refuse renewal of membership in the GO TEXAN program;
10. Applicant is not delinquent in payment of any guaranteed student loan or child support obligation;
11. The GO TEXAN certification mark must be used in strict accordance with TDA's rules and guidelines;
12. Applicant possesses all required, valid permits for its operations, including, without limitation, health permits, food establishment permits and manufacturing permits;
13. Applicant is in full compliance with the Texas Food Establishment Rules as defined by the Texas Department of State Health Services, if applicable; and
14. The individual signing this application is authorized to make the preceding acknowledgements and certifications on behalf of Applicant.

\_\_\_\_\_  
Applicant Name Title

\_\_\_\_\_  
Applicant Signature Date (month/day/year)



Remit payment and completed application to:

Texas Department of Agriculture, Marketing and International Trade, P.O. Box 12076, Austin, Texas 78711-2076