

GO TEXAN Restaurant Program Application

1. MEMBERSHIP LEVEL (Select One)

Annual Cost

- Tier 1:** Ability to use the GO TEXAN mark, Listing in GO TEXAN online database, Subscription to the GO TEXAN e-newsletter, Negotiated rates with program partners **\$100**
- Tier 2:** Tier 1 benefits + Listing in relevant digital publications (online directories and mobile apps) GO TEXAN Partner Program (GOTEPP) Grant Eligibility (if funds are available) Up to 3 hours of marketing consultation, 10 percent discount on GO TEXAN merchandise **\$500**
- Tier 3:** Tier 2 benefits + Listing in relevant printed directories, Choice of GO TEXAN display (acrylic award or GO TEXAN trailer hitch), Company graphic on GO TEXAN website, Additional 10 percent 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 (Mark one)

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

3. APPLICANT INFORMATION

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

D.B.A. (Restaurant Name)

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. RESPONSIBLE OFFICER, PARTNER, MANAGER OR OWNER

Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated: For a corporation, limited liability company or cooperative, list the president or CEO; for a limited or general partnership, list the managing partner or general manager; for a sole proprietorship, list the owner; for any other type of business, list the general manager.

First Name ()	M.I.	Last Name ()	
Phone Number	Ext.	Fax Number	
Mailing Address			
City	State	Zip	County
E-mail			

5. PERSON TO CONTACT FOR GO TEXAN-RELATED MATTERS

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
- Bed and Breakfast

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

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

Website

Cuisine Type (Select all that apply)

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> American | <input type="checkbox"/> Desserts | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Asian | <input type="checkbox"/> French | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Bar/Pub | <input type="checkbox"/> Fusion | <input type="checkbox"/> Slow Food |
| <input type="checkbox"/> Barbecue | <input type="checkbox"/> Indian | <input type="checkbox"/> Southwestern |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Italian | <input type="checkbox"/> Steakhouse |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Latin | <input type="checkbox"/> Tex-Mex |
| <input type="checkbox"/> Deli | <input type="checkbox"/> Mediterranean | <input type="checkbox"/> Vegetarian |

Other _____

Multple 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.

Note: Must attach a health permit 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.

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

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7. GO TEXAN MOBILE APP

Would you like to list your company in the GO TEXAN mobile application?

Yes (Tier 1 members, please add an additional \$25 to your membership fee)

No

8. HEALTH PERMIT

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

9. DOES YOUR RESTAURANT SERVE TEXAS WINES?

Yes No

10. ARE YOU INTERESTED IN TEXAS-GROWN OR -PROCESSED ALTERNATIVES TO ANY FOOD PRODUCTS OR PRODUCE YOU CURRENTLY USE?

List these item(s) below to receive a GO TEXAN product listing near you:

11. 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.

12. 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;

14. Other than as have been disclosed to TDA, Applicant is not currently the subject of any enforcement actions or investigations by any federal, local or state authority, and no injunctions, fines or license revocations are pending against Applicant or its operations (unless such are being currently and lawfully challenged); and

15. 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)



GO TEXAN.[®]

Remit payment and completed application to:

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