



Restaurant Partner Application

PROPERTY INFO

Company Name: _____	Publish Address? <input type="checkbox"/> Y <input type="checkbox"/> N
Address: _____	City: _____
Main Phone Number: _____	Toll Free: _____
Website: _____	Email: _____
Book Now URL: _____	

CONTACTS

PRIMARY

Name: _____

Title: _____

Phone: _____

Email: _____

SECONDARY

Name: _____

Title: _____

Phone: _____

Email: _____

BILLING

Name: _____

Title: _____

Phone: _____

Email: _____

COLLATERAL

Name: _____

Email: _____

ADDITIONAL

Name: _____

Title: _____

Phone: _____

Email: _____

MEDIA LEAD

Name: _____

Title: _____

Phone: _____

Email: _____

PRIMARY SALES LEAD (If applicable)

Name: _____

Title: _____

Phone: _____

Email: _____

PARTNERSHIP OPTIONS

Standard Executive Leadership Circle Founders' Circle

PAYMENT METHOD

Check:

Check Enclosed:

Email Invoice to:

Credit Card: Visa American Express Discover MasterCard

Card Number:

Card Expiration:

Name on Card: (please print)

Signature:

Date:

WEBSITE LISTING DESCRIPTION

RESTAURANT AMENITIES

Price Range: _____ to _____

Gluten Free

Michelin Rated

Cuisine: _____

Green/Sustainable

Outdoor Dining

Corkage Fee: _____

Group Friendly

Pet Friendly

Catering

Kid's Menu

Romantic

Family Friendly

Meal with a View

ADA Compliant

Full Bar

Meeting & Event Space

Wine Bar

Hours of Operation: _____

MEAL AMENITIES

Breakfast

Brunch

Lunch

Dinner

MEETING SPACE AMENITIES

Largest Room:

Largest Classroom Capacity:

Largest Reception Capacity:

Largest Conference Capacity:

Largest Banquet Capacity:

Total Square Footage of Meeting/Event Space:

Largest Theater Capacity:

Number of Meeting Rooms:

Do you have Outdoor Meeting/Event Space: Y N

STATEMENT OF AGREEMENT

Visit Napa Valley retains the right to edit listing text:

- Sales and Media leads are confidential and may not be reproduced or distributed to other businesses.
- Partnership with Visit Napa Valley may be terminated at any point for cause and dues will not be refunded.
- This annual partnership will renew automatically and request for payment will be sent out.
- A processing fee of \$45 will be added to renewing accounts after a 3-month lapse in payment.

Application Signature: _____ Date: _____

Office Use Only. Date Received: _____