



# HOTEL AND RESTAURANT ASSOCIATION WESTERN INDIA

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## APPLICATION FORM FOR RESTAURANT MEMBERSHIP

We are desirous of joining as **“Restaurant Member”** of the Hotel & Restaurant Association Western India. If admitted, we agree to abide by the rules and regulation 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 : \_\_\_\_\_ Date & Year of Opening : \_\_\_\_\_

2 Licences held in the name of : \_\_\_\_\_

3 Name of Director / Owner / Partner: \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_ Web : \_\_\_\_\_

4 Registered office of the Company / Firm : \_\_\_\_\_

5 Name of Representative : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel : \_\_\_\_\_ Fax : \_\_\_\_\_

Email : \_\_\_\_\_

6 We shall be pleased to participate in the HRA (WI) Regional Fraternity Card Scheme on a reciprocal basis and nominate

(a) Mr./Mrs./Ms. \_\_\_\_\_ Designation : \_\_\_\_\_ Mobile : \_\_\_\_\_

(b) Mr./Mrs./Ms. \_\_\_\_\_ Designation : \_\_\_\_\_ Mobile : \_\_\_\_\_

as our representative to avail the card. We agree to send two postal stamp size photographs with the respective names written on the reverse. The nominees are actively involved in our Restaurant operations.

7 Enclosed find a few photographs of the following : (Please tick in the appropriate boxes).

Restaurant Exterior  Kitchen  Garbage Area  Menu Card Copies  Dish Washing Area  Dining Area

8 Enclosed Cheque / Demand Draft No.: \_\_\_\_\_ Dated : \_\_\_\_\_ for Rs. \_\_\_\_\_

Drawn on \_\_\_\_\_ being initial membership subscription amount payable.

We shall be thankful, if the application is placed before the Managing Committee of the Association for approval and look forward to a receipt of the same.

Place : \_\_\_\_\_ Dated : \_\_\_\_\_

Yours Sincerely,

Signature of representative (with Rubber stamp)

Proposed by : Mr./Ms. \_\_\_\_\_

Name of Signatory (in block letters) : \_\_\_\_\_

Restaurant : \_\_\_\_\_ Sign \_\_\_\_\_

Seconded by : Mr./Ms. \_\_\_\_\_

Designation : \_\_\_\_\_

Restaurant : \_\_\_\_\_ Sign \_\_\_\_\_

## PROFILE OF RESTAURANT

9 Access : in kms. from Airport \_\_\_\_\_ (in kms.) from Railway Station \_\_\_\_\_

10 Ownership : Proprietorship/ Partnership / Company / Other \_\_\_\_\_

11 Name of Key Executives:

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

Name : \_\_\_\_\_ Designation : \_\_\_\_\_

12 Capital Investment in Restaurant \_\_\_\_\_ (Rs. in lacs)

13 Is the Restaurant classified by the Ministry of Tourism, Government of India ? Yes/No : \_\_\_\_\_

14 Name of Franchisee (if any) : \_\_\_\_\_

Area of Restaurant (in sq.ft.) : \_\_\_\_\_

Status - Owned : \_\_\_\_\_ Management Contract : \_\_\_\_\_ Rental : \_\_\_\_\_

15 Restaurant - Seating Capacity \_\_\_\_\_ Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

16 Number of Permit Rooms - \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Maximum \_\_\_\_\_ Minimum \_\_\_\_\_

17 Membership of Any National & International Associations.

1. \_\_\_\_\_

2. \_\_\_\_\_

18 Number of Employees

Contracted \_\_\_\_\_ Direct \_\_\_\_\_ Casual \_\_\_\_\_ IHM Qualified \_\_\_\_\_ Trainee \_\_\_\_\_ Total \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

19 Tax & Fees paid last year (in Lacs):

Central Govt \_\_\_\_\_ State Govt. \_\_\_\_\_ Municipal \_\_\_\_\_ VAT \_\_\_\_\_

20 Please provide copies of the Licenses as per checklist enclosed.

**NOTE : The information furnished above will be kept confidential.**

# CHECK LIST FOR RESTAURANT MEMBERSHIP APPLICATION 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. Eating House License  | <input type="checkbox"/> | <input type="checkbox"/> | B        |
| 3. Permit Room FL III License  | <input type="checkbox"/> | <input type="checkbox"/> | C        |
| 4. Prevention of Food Adulteration License   | <input type="checkbox"/> | <input type="checkbox"/> | D        |
| 5. Incorporation Certificate (if a Pvt. Ltd. Company)  | <input type="checkbox"/> | <input type="checkbox"/> | E        |
| 6. VAT Payment Receipt (Previous Month)  | <input type="checkbox"/> | <input type="checkbox"/> | F        |
| 7. Service Tax Payment Receipt (Previous Month)  | <input type="checkbox"/> | <input type="checkbox"/> | G        |
| 8. PAN Card  | <input type="checkbox"/> | <input type="checkbox"/> | H        |
| 9. Menu Card   | <input type="checkbox"/> | <input type="checkbox"/> | I        |
| 10. List of Partners / Directors   | <input type="checkbox"/> | <input type="checkbox"/> | J        |
| 11. Proposer's Signature   | <input type="checkbox"/> | <input type="checkbox"/> | K        |
| 12. Seconder's Signature   | <input type="checkbox"/> | <input type="checkbox"/> | L        |
| 13. Subscription Cheque attached (Members based out of Mumbai should furnish DD Payable at Mumbai or a cheque payable at par). | <input type="checkbox"/> | <input type="checkbox"/> | M        |
| 14. Photographs of Nominees who will avail of the Discount Card.   | <input type="checkbox"/> | <input type="checkbox"/> | N        |

## PHOTOGRAPHS

|  |                          |                          |   |
|--|--------------------------|--------------------------|---|
| 1. Exterior of the Restaurant                                    | <input type="checkbox"/> | <input type="checkbox"/> | O |
| 2. Kitchen showing the Dish Washing area (3 tier washing system) | <input type="checkbox"/> | <input type="checkbox"/> | P |
| 3. Dining Area   | <input type="checkbox"/> | <input type="checkbox"/> | Q |
| 4. Wet & Dry Garbage Area  | <input type="checkbox"/> | <input type="checkbox"/> | R |
| 5. Store Room  | <input type="checkbox"/> | <input type="checkbox"/> | S |

I, hereby confirm that the above information furnished by me is true and correct.

Signature  
(Owner/Partner/Managing Director)

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

With Rubber Stamp of the Establishment

**Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.**

HRAWI reserves the right to cancel/revoke membership of any Establishment for reasons, but not limited to, Misrepresentation of facts, Anti Association activities, or any such reason as decided by the Executive Committee Members.

## For Office Use Only

Verified by: \_\_\_\_\_ Signature: \_\_\_\_\_

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

## FOR OFFICE USE

Admitted at the Executive Committee Meeting held on \_\_\_\_\_ at \_\_\_\_\_ Regd. No. \_\_\_\_\_

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ of Rs. \_\_\_\_\_

### SUBSCRIPTION STRUCTURE RESTAURANT CATEGORY

| Category         | *Major cities of Western Region |            |       | Other than major cities Western Region |            |       | Entrance Fees (one time) |
|------------------|---------------------------------|------------|-------|--|------------|-------|--------------------------|
|                  | Subscription                    | Legal Fund | Total | Subscription                           | Legal Fund | Total |                          |
| upto 50 seats    | 3150                            | 1500       | 4650  | 2550                                   | 1500       | 4050  | 10000                    |
| 51 to 100 seats  | 4350                            | 2100       | 6450  | 3150                                   | 1500       | 4650  | 10000                    |
| 101 to 200 seats | 6750                            | 3600       | 10350 | 4350                                   | 2100       | 6450  | 10000                    |
| 201 + seats      | 9750                            | 5400       | 15150 | 6750                                   | 3600       | 10350 | 10000                    |

\*Major cities in Western Region will be Mumbai Region (as per MMRDA), Pune, Nagpur, Ahmedabad, Vadodra, Surat, Indore, Bhopal and Goa.

### CHANGE IN ESTABLISHMENT NAME

3000

### 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. In case of Restaurant, minimum seating capacity should be 30, and preferably a GRADE 1 air-conditioned Restaurant, where gradation is granted by the local municipality.
4. Report of the local association, affiliated to HRA(WI) or a senior prominent member from the area will be called for, if required.
5. The Restaurant must be operational holding all the requisite valid licenses as per enclosed checklist (copies of the same to be furnished).
6. The Restaurant must provide existing photographs and menu card copy as per checklist.
7. Fast Food Outlets can apply to become Restaurant Members, provided they qualify as per above criteria.
8. Any Restaurant within a Hotel shall not be eligible for an individual membership.
9. Please note a Reprocessing Charge of Rs.500/- will be levied in the event the application is found incomplete and needs to be resent.

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

Service Tax, extra as applicable, will be charged.