# RESTAURANT APPLICATION

☐ RESTAURANT . . . . . $395

*(above rate effective July 1, 2011 – June 30, 2012)*

Company Name: _____

Name/Title of Person to Receive Correspondence: _____

_____

Address: _____

_____

Phone: _____ Fax: _____

E-mail Address: _____

Web Address: _____

County (if within PA): _____

Liquor License? ☐ Yes ☐ No

Type of Cuisine: _____

No of Seats: _____

Signature of Applicant: _____

*The above signed hereby agrees to abide by the Articles of Incorporation and By-Laws, and to support the goals and objectives of the PA Tourism & Lodging Association .*

Return to: PA Tourism & Lodging Association
128 Walnut Street
Harrisburg, PA 17101
FAX: 717-232-8948

## PAYMENT INFO:

**Amount enclosed: $_____**

**METHOD OF PAYMENT**

☐ Check/Money Order
*Make checks payable to* **PA Tourism & Lodging Association**

☐ American Express ☐ VISA
☐ Mastercard ☐ Discover

Credit Card Account Number

Expiration Date / Verification Code

Cardholder's Signature _____

Credit Card Billing Address _____

_____

_____