

Please use this questionnaire to register the details of **restaurants** with the New Media DMS. Please give all details in BLOCK CAPITALS – shaded boxes must be completed. We reserve the right to alter data to fit the space available in the computer system. **Please return to: Visit York, 1 Museum Street, York, YO1 7DT**

*The form consists of four parts:*

1. **Contact:** gives details of the person who we can contact to check details.
2. **Establishment:** provides the address, directions and amenities of the establishment.
3. **Services:** describes service including menus and opening times.
4. **Event:** describes an event that occurs on a particular date(s) at your establishment. Complete one copy of this page for each different event.

*A small landscape picture should be provided for the establishment and a larger portrait picture of the interior/menu. There may be additional charges for multiple pictures.*

## 1. Contact

*Please give the details of the person for us to contact to confirm details in this questionnaire. This name and address will not be published to members of the public. Please copy this section if different people fulfil roles.*

Business Name:

Contact Name:

Mr / Mrs / Miss / Ms

Address for correspondence:

  
  


Postcode:

Fax No:

Telephone No:

Mobile No:

Email:

Company Registration No:

VAT No:

Roles (please tick those that apply):

Administration <input type="checkbox"/>	Bookings <input type="checkbox"/>	Conferences <input type="checkbox"/>	Finance <input type="checkbox"/>
General Manager <input type="checkbox"/>	HR <input type="checkbox"/>	Marketing <input type="checkbox"/>	Press & PR <input type="checkbox"/>

## 2. Establishment

Please give the details of the location of the restaurant if different from contact address.

Establishment Name:	
Address	
Postcode:	
Web site	

Please provide a **short** description of the establishment that summarises its main features (no more than 150 chars):


Please tick if picture of establishment enclosed:

Please provide directions to the establishment from the nearest through route including disabled parking, etc:

Free parking:	<input type="checkbox"/>	Parking with charge:	<input type="checkbox"/>
Easy to access by public transport:	<input type="checkbox"/>		
Nearest station:		No of miles from nearest station:	

Please tick the amenities that the establishment has to offer:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accept groups                       | <input type="checkbox"/> Disabled access                      | <input type="checkbox"/> Quality Assured Visitor Attraction |
| <input type="checkbox"/> Baby changing facilities            | <input type="checkbox"/> Disabled toilets                     | <input type="checkbox"/> Regional Tourist Board Member      |
| <input type="checkbox"/> Coach parties accepted              | <input type="checkbox"/> Facilities for conferencing          | <input type="checkbox"/> Welcome Host                       |
| <input type="checkbox"/> Credit cards accepted (no fee)      | <input type="checkbox"/> Facilities for corporate hospitality |   |
| <input type="checkbox"/> Credit cards accepted (with charge) | <input type="checkbox"/> Facilities for groups                |   |

Comments about amenities including details of any awards:


Please tick the area that best describes the location of your establishment:

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. Restaurant

Please give details of the restaurant.

Type of restaurant  
(eg italian):

Please tick if picture of interior or menu is enclosed:

Please give details of typical menu charges eg main course range from £6.95 - £10.95 etc :

Please give contact details for members of the public to use:

Contact Name:

Mr / Mrs / Miss / Ms

Telephone No:

Mobile No:

Website:

Mr / Mrs / Miss / Ms		
	Mobile No:	

Please tick the amenities that the attraction has to offer:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Children welcome                      | <input type="checkbox"/> Facilities for hearing impaired  | <input type="checkbox"/> Venue approved for civil marriage |
| <input type="checkbox"/> Disabled access                       | <input type="checkbox"/> Facilities for visually impaired | <input type="checkbox"/> Wedding receptions                |
| <input type="checkbox"/> Dogs accepted                         | <input type="checkbox"/> Smoking allowed                  |  |
| <input type="checkbox"/> Dogs not accepted (except guide dogs) | <input type="checkbox"/> Smoking not allowed              |  |

Please give a full description of the services offered at the establishment eg typical menus:


Specialities:

(max 255 characters)

Allergies catered for:

Chef:

Number of Covers:


Please give opening time(s) for each day eg 12:00-15:00, 18:30 – 23:00 (if not open on a day please put a cross through it)

Normal opening Times	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Lunchtime							
Evenings							

Bank Holidays – if **different** from normal opening time (if not open on a day please put a cross through it).

New Year	Good Fri	Easter Sat	Easter Sun	Easter Mon	May Day	May BH Sat
May BH Sun	May BH Mon	Aug BH Sat	Aug BH Sun	Aug BH Mon	Christmas	Boxing Day

Further notes on opening arrangements (eg last meal serving times)

#### 4. Event

Please give details of each event at the establishment (eg themed evening, Christmas menu) at the establishment. Please complete a separate sheet for each event.

Name of event:

Please tick if picture of event is enclosed:

Please give details of entry charges and typical prices:

Please give contact details for members of the public to use (if different from attraction):

Contact Name:

Mr / Mrs / Miss / Ms

Telephone No:

Mobile No:

Website:

Email:

	Mr / Mrs / Miss / Ms		
Website:			
Email:			

Please tick the amenities at the event:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Children welcome | <input type="checkbox"/> Dogs not accepted (except guide dogs) | <input type="checkbox"/> Smoking allowed     |
| <input type="checkbox"/> Disabled access  | <input type="checkbox"/> Facilities for hearing impaired       | <input type="checkbox"/> Smoking not allowed |
| <input type="checkbox"/> Dogs accepted    | <input type="checkbox"/> Facilities for visually impaired      |  |

Please give a full description of the event (continue overleaf if required):


Please give date(s) and time(s) for each day eg 9:00-13:00, 14:30 – 17:00. If different times for each day, please use separate rows.

Date(s)	Time
__/__/__ to __/__/__	
__/__/__ to __/__/__	
__/__/__ to __/__/__	

Further notes on opening arrangements (eg last meal serving times)


## Submitting your Information for Promotion

This questionnaire is your way of telling Visit York, Local Councils and Visit Britain about your tourism product or service and of being part of their promotional activities for the coming year.

The information you provide may be published by the tourism promoters or may be used by Tourist Information Centres for helping with enquiries.

Occasionally, the tourism promoters may wish to share the information with other organisations so that it can be included in tourism-related publications.

There is no guarantee that your information will be published or used. If it is, the tourism promoters will make every reasonable effort to ensure accuracy. However, they regret that they cannot accept liability of any kind arising from the use or publication of the information, either by themselves or third parties, including where this is as a result of any error or omission on the part of the tourism promoters.

### Your Declaration

I have read the information supplied and warrant that the information provided is true and accurate and if published will not constitute an offence under the Trade Descriptions Act 1968 or the Consumer Protection Act 1987.

**NB: You must ensure that the prices and other details that you display through the DMS are current and up to date. It is against the Trade Descriptions Act to charge prices higher than those you describe in your advertising.**

*If you agree to your information being used in the following ways, please tick the appropriate boxes:*

- The tourism promoters sometimes make data available to carefully selected organisations whose products and services may be of interest to you. Please tick if you wish your data to be passed on in this way.
- The tourism promoters sometimes make data available to carefully selected organisations for inclusion in tourism-related publications and websites for the purpose of, but not limited to, providing you with potential additional customers and/or sales leads. Please tick if you wish your data to be passed on in this way.
- Please tick if you consent to the tourism promoters passing the information you have supplied to persons and/or organisations located outside the European Economic Area.

I accept the above statement for submission of information to tourism promoters.

Signature	
Print Name	
Position	
Date	
Office code:	<input type="text"/> (for office use only)