



# Taste LANCASHIRE

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Date .....

## Quality Mark Application Form

Please complete IN CAPITALS

Applicant Details			
Title (Mr/Mrs/Ms/other)			
Forename		Surname	
Job Position			

Establishment Details			
Name of Establishment			
Address			
Postcode			
Tel No.		Fax No.	
E-mail		Website	
Establishment Type e.g. café, restaurant			

Opening Times				
	Lunch		Evening	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

### Declaration

I/we wish to participate in the Taste Lancashire Quality Mark Scheme

I/we enclose a cheque for the sum of £80 – cheque made payable to Lancashire & Blackpool Tourist Board.

I/We understand that this payment is not refundable in the event of the establishment not attaining a Taste Lancashire rating.

Signed .....

Print Name .....

Date .....



Please return this completed form, together with your cheque to:  
Angela Brown  
Lancashire & Blackpool Tourist Board,  
St George's House, St George's Street, Chorley, Lancashire PR7 2AA

