

***Visit Warrenpoint* Restaurant and Food Information Sheet**

Name of Business: _____

Name of proprietor: _____

Contact Number: _____

Alternative Contact Number: _____

Email Address: _____

Website Address: _____

Directions:

Please provide directions to the business from the motorway:

Postcode of the business:

Sat Nav / GPS Coordinates for the business:

1. Payment (for online payments from *Visit Warrenpoint*)

Account Name:	
Bank:	
IBAN:	
BIC:	

2. In Case of Emergency:

Contact Number for Groups to call if a problem arises in relation to their booking while they are in Warrenpoint and Surrounding Areas.	Name: Number:
---	------------------------------------

3. Opening Hours:

	Opening Hours (Winter)	Breakfast/Lunch/Dinner e.g. No/Yes/Yes	Opening Hours (Summer)	Breakfast/Lunch/Dinner e.g. Yes/Yes/Yes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

4. Menu

How many Menu's are on offer in your Restaurant? _____

Can you please list the Menu Types on offer? e.g. Hen Party Menu, BBQ Menu, A La Carte, Tasting Menu, Set Menu etc.	Price Range
1.	
2.	
3.	
4.	
5.	

Can you please provide/attach details on all pricing available. We do not accept prices that businesses do not advertise themselves. THE 10% BOOKING CHARGE IS DEDUCTED FROM EXISTING PRICES AND NOT ADDED ON.

In order to advertise your menus as best we can and push as many groups towards your business as possible we ask that you send on your menus via email so we can then offer the menu to our customers when they enquire about booking food.

5. Bookings:

Which of the following groups do you accept and at what times?

Group	Yes/No	Days e.g. Mon-Sun	Times e.g. 5-8pm
Large Mixed Groups			
Small Groups			
Hen Parties			
Stag Parties			
Families			

6. Deposits

Does your business have a cancellation policy?	
<p>If Yes, can you please describe how it operates?</p> <p>N.B. We only accept policies that are enforced for all of bookings, not merely Visit Warrenpoint bookings.</p>	

7. Other

Please leave additional information that you think we should be aware of in relation to your business' services.

**Thank-You for taking the time to provide the necessary information.
We look forward to working with you in the future.**

If you consent to all of our Terms and Conditions and agree that all of the information you have provided is accurate please sign below and return before we can proceed to the following stage.

Signed: _____

Business Owner.

Return To:
Richard Brennan,
Visit Us Ltd.,
Market Square,
Carlingford,
Co. Louth.