|  |  |
| --- | --- |
| Application number ……… | (*Filled in from the Cyprus Tourism Organization*) |
| Business name:  |
| Name and surname of the Owner/Manager: |
| Address:  |
| Phone number:  | Fax number: |
| Email address: | Website:  |
| Name and surname of contact person: Contact Number: |
| General information (Municipality or Community where the business is situated, sector of activity and type of products produced, if the unit could be visited and a timetable of the visiting hours)  |
| Sector of economic activity:  |
| Hours and days of operation: |
| Certification with another Quality Label and / or Quality Management System: ❑ YES ❑ NO |

*I assure you that:*

1. *I fully and unconditionally accept the certification specifications and procedures of the Quality Label for promoting the Cypriot Gastronomy.*
2. *The information given in the form is correct and true.*
3. *I enclose with the application exact copies of the company's licenses and certificates.*

Date: / / 2017

The applicant

(Signature and Stamp)