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| --- | --- | --- |
| 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, products produced) | | |
| 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 attach enclosed with the application an exact copy of the certificate of the premises and a health certificate.*

Date: / / 2017

The applicant

(Signature and Stamp)