

Orange County Tavern & Restaurant Association

PO Box 53

Vails Gate, NY 12584

email - octrany@gmail.com

phone - 845-670-4104

Full Member Application

Your annual dues include membership in our state and national affiliates,
Empire State Restaurant & Tavern Association, and American Beverage Licensees!

Name of establishment _____

Proprietor _____

Physical address _____

Mailing address (if different) _____

Business phone _____ Fax number _____

Email address _____ Web page _____

Hours of operation _____

Day(s) closed _____

Seating capacity: Inside: _____ Outside, if any: _____

Is food served? _____

Is there an outdoor area for smoking? _____

Are you able to host a General Membership meeting, of 30-50 attendees? _____

Do you have a semi-private room, for a Board Meeting of up to 15 attendees? _____

Do you have banquet facilities? _____ If so, for how many? _____

Do you have outdoor facilities, such as for BBQ's, or clambakes? _____

Please check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Dancing | <input type="checkbox"/> Pub/Tavern |
| <input type="checkbox"/> Beer Bar | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Resort |
| <input type="checkbox"/> Boat/Yacht Club | <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Ski Center |
| <input type="checkbox"/> Bowling Center | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Take Out |
| <input type="checkbox"/> Brewery | <input type="checkbox"/> Live Music | <input type="checkbox"/> Tapas Bar |
| <input type="checkbox"/> Catering Facility | <input type="checkbox"/> Lodging | <input type="checkbox"/> Theater/Cabaret |
| <input type="checkbox"/> Cigar Bar | <input type="checkbox"/> Package Store | <input type="checkbox"/> Topless Dancers |
| <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Private Club | |
| <input type="checkbox"/> Other _____ | | |

What type of amusements or games do you have?

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Video Games | <input type="checkbox"/> Other? |
| <input type="checkbox"/> Pool Table | <input type="checkbox"/> Pinball | |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Horseshoes | |

How did you hear about OCTRA? _____

Referred by, if applicable: _____

Method of payment: Full Membership is \$200 annually

- Check, payable to ESRTA, or Empire State Restaurant & Tavern Association
- Cash, when paying in person only.

Date paid: _____

Received by: _____

Please mail all correspondence to address at top of application.

**Thank you for becoming part of our Association...
we look forward to working with you!**

Proudly representing the Hospitality Industry since 1956... members support members!

file "octra-esrta-full member-4-17"