HOTEL AND RESTAURANT ASSOCIATION OF NORTHERN INDIA

CIN No.: U55101DL1952NPL002161
REG. OFF. : 406/75-76, MANISHA BUILDING, NEHRU PLACE, NEW DELHI - 110019
TELEPHONE : 011- 41306628, 42804416, 26433590 FAX: 011-26236201
E-mail: hrani.1950@gmail.com, Website: www.hrani.net.in

ASSOCIATE CATEGORY

(Restaurant Less Than 25 Seats)

APPLICATION FORM

We desire to be elected as member of the Hotel & Restaurant Association of Northern India as Associate Member. If elected, we agree to abide by the Memorandum & Article of Association, to pay the subscription rate for the time being in force and to implement, as far as practicable, the policy of the Association.

Stand Alone :- ( ) Located in Hotel:- ( )

Name of the Establishment (Block Letters) _____

If located in hotel, please specify the Hotel name _____ Number of rooms _____

Location of Unit : _____

City _____PIN Code _____State _____

Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

E-mail : _____ Website : _____

Name of Authorised Signatory : _____ Designation: _____

E-mail : _____ Mobile: _____

Name of General Manager / Manager In-charge: _____ Mobile: _____

Address of Correspondence: _____

Phone: _____ Fax: _____ E-mail: _____

Ownership :- _____

PARTICULARS OF ESTABLISHEMENT

1. Year of Establishment _____
2. Seating Capacity _____
3. Strength of Staff _____

CHECK NOTE: - FOR OFFICE USE ONLY

Licenses	☐	Authorized Signatory Form	☐	Recommendation	☐
FHRAI Form	☐	Menu card.	☐	Data Fact Sheet Form	☐

Date of Approval : _____ Membership No. : _____

(Signature issuing authority)

4. Please attach the following: (Any Two)

1. Trade / MCD/ Nagar Palika / Sarai Act/ Gram Panchayat	☐
2. FSSAI	☐
3. Excise license (Bar)	☐
4. NOC from Fire (based on current rules)	☐
5. NOC from Police / Eating house from District Magistrate	☐
6. Classification Certificate / Approval from Department of Tourism (State / Central)	☐

GSTIN DETAILS (Please attach A copy of GST ARN Certificate)

Company / Vendor Name: _____

Registered Address as per GST Registration: _____

State: _____ State Code: _____

Provisional GST ID: _____ HSN Code / SAC: _____

ARN No.: _____ PAN No.: _____

5. Is the restaurant approved by Department of Tourism, Govt. of India. If so, please attach a certificate true copy of the letter of approval.

We are enclosing a D.D. of Rs. _____in favour of "HRANI" payable at New Delhi.

D.D.No. _____ Dated _____Bank & Branch _____

The above information and documents provided are correct & authentic to the best of my knowledge.

Signature of Authorised Signatory

Name: _____

Designation:_____

Mobile No. : _____

The membership fee is as follows (The fee to words membership only be accepted/submitted after the approval of MC)

Associate Category	Associate
Entrance Fee	9075
Annual Subscription	6655
Legal Fund	1210
Listing Fee	242
Total	17182
GST (18%)	3093
Net Amount	**20275**

CRITERIA FOR ASSOCIATE MEMBERSHIP

1. Must be a functioning restaurant under operation.

2. Must have all the relevant Municipal/Police or any other required licenses with current validity.

3. The Restaurant must hold license granted by the Competent Government/Local Authority to run as restaurant and must be open to general public.

4. The ambiance, exterior and interior décor must be good.

5. The Restaurant should be fully and effectively air-conditioned. The Regional Association, in its direction, may relax this condition in case of open-air restaurant and Restaurants in Hill Stations.

6. There should be a clean and hygienic toilet, preferably, one for gents and one for ladies.

7. There should be telephone facilities.

8. There should be good quality crockery, cutlery, glassware, silverware, tableware and linen.

9. Arrangements for hygienic washing, drying and washing of utensils crockery, cutlery and glassware. In case of manually operated washing system, there should be a three tier system.

10. There should be clean, hygienic, well equipped and well maintained kitchen and pantry with proper and adequate cold storage facilities. Cooking utensils should also be of good quality and well kept.

11. There should be good quality furniture.

12. Staff should be in smart and clean uniforms.

13. There should be provisions for adequate staff facilities like eating, toilets and clock rooms.

14. Water for cooking, drinking and ice making should be of acceptable quality.

15. There should be proper parking space.

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LISTING DETAILS - MEMBERSHIP DIRECTORY

ASSOCIATE CATEGORY

(Restaurant Less Than 25 Seats)

Membership No. : _____ Date : _____

1. **Name of Associate :** _____

2. **Ownership** (Name and address of the Company)**:-** _____

   _____

3. If located in hotel, please specify the Hotel name _____ Number of rooms _____

4. **DOT Approved :** (Please Tick) Yes ( ) No ( )

5. **Location of Unit :** _____

   City _____ PIN Code _____ State _____

   Tel.: (STD Code _____] _____ Fax : [STD Code _____] _____

   E-mail : _____ Website : _____

6. **Name and designation of the signatory who will exercise right of Membership**
   (like MD/CEO/Proprietor/Partner)

   a) Name: _____ Designation _____ (M): _____

   b) Name: _____ Designation _____ (M): _____

7. **Name of the Restaurant Manager** _____

   E-mail: _____ Mobile :- _____

8. **Correspondence Address:** _____
   (If different from above location)

   _____

   E-mail _____ Tel. _____ Fax _____

9. **Total Seating Capacity :** _____

10. **Timing :** {From _____ a.m. to _____p.m.} and {From _____ p.m. to _____p.m.}

11. **Cuisine** **A.** Veg.( )/ Non-Veg ( ) **B.** Indian ( )/ Chinese ( )/ Continental ( )

    Other (please specify): _____

12. Liquor Service : (Please Tick)

☐ Full Service Bar ☐ Restricted Liquor Service

☐ No Liquor Service ☐ Beer Service only

13. Air-Conditioning : (Please Tick) Centrally ( )/ Partially/( ) Air-conditioned ( )

14. Smoking : (Please Tick)

☐ All Smoking Areas ☐ Non Smoking Restaurant

☐ Separate smoking & Non Smoking Areas

15. Banquet Facilities : _____

16. Entertainment & Amenities : _____

17. Credit Cards Accepted None ( ) / Master Card ( ) / Visa Card ( ) / All Major Credit Cards ( )

Other (please specify) : _____

18. Taxes applicable (in percentage only):-

VAT : _____% on F & B _____% on Indian liquor _____% on Imported Liquor

Service Tax : _____%

19. Membership(s) HRANI ( ) / FHRAI ( ) / Other(s) _____(Please Specify)

Any Other Associations : _____

20. Year of Establishment _____

Date : _____

Place : _____

Company Seal

Signature
(Authorised Signatory)

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AUTHORISED SIGNATORY FORM

Associate Category - General

HRANI Membership No. : _____ Date : _____

Name of Unit : _____

Location of Unit : _____

Correspondence Address : _____

Contact Details : _____

AUTH. SIGNATORY : 1
Affix Stamp-Size Photograph here Please write in Capital Letters only
Name :
Designation :
Mobile :
E-mail :
Date of Birth :
Signature :

The above two persons are authorised to take part in all affairs of the association and take decision on behalf of member establishment

Stamp/Seal
of Company

Signatures
(Authorised Signatory)

Name: _____

Designation: _____

Mobile: _____

E-mail: _____