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# RESTAURANT APPLICATION

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DATE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY / ORGANIZATION NAME: \_\_\_\_\_

OMAHA RESTAURANT NAME (S): \_\_\_\_\_

NUMBER OF YEARS IN OPERATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

Please describe the type of food items that you would offer and return your application as soon as possible. A menu form will be sent out at a later date for a detailed list of what you will have at the Taste of Omaha. Your application will be reviewed and space will be assigned subject to approval.

FOOD ITEM (S):

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BRIEF DESCRIPTION OF RESTAURANT / FOOD PRODUCTS: (Please attach any further information that may be helpful, such as a copy of menu, published articles, etc.)

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**PLEASE COMPLETE AND RETURN TO:**

Mike Mancuso  
Festival Director  
TASTE OF OMAHA  
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OMAHA, NE 68106-3518

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