



HDA
HOSPITALITY DEVELOPMENT ALLIANCE

ADVISORY BOARD APPLICATION

Name: _____ Date: _____

Business Name: _____

Number of Years in Business: _____

Number of Years at Current Location(s): _____

Number of Locations: _____

Type of Restaurant/Type of Business: _____

Catering or Off Premise Offered? ___ Yes ___ No

Referred By: _____

Favorite Part of the Business: _____

Other Community Based Activities: *(ex. Lion's Club, MO Restaurant Association, Scouting, etc.)*
