North Carolina Department of Agriculture and Consumer Services
Division of Marketing

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Goodness Grows in NC - Restaurant/ Foodservice

Associate Membership Application

Membership open to any restaurant, restaurant group or foodservice distributor that owns and/or operates a location in North Carolina and that is permitted in accordance with all state and local laws is eligible to apply.

Company/ Restaurant Name: _____

Company Owner / President: _____ Main Marketing Contact: _____

General Manager: _____ Procurement Manager: _____

Food & Beverage Director: _____ Main Contact Phone: _____

Website URL:_____ Email Address:_____

Mailing Address:_____ Shipping Address: _____

City:_____ State:____ Zip:_____ City:_____ State:____ Zip:_____

List Foodservice Distributors used: _____

_____

_____

Chef name(s): _____

Do you purchase direct from farm/ grower? ☐ Yes ☐ No

If yes, list each:_____

_____

_____

_____

Do you purchase direct from farmers market? ☐ Yes ☐ No

Type: ☐ Chain ☐ Independent ☐ Restaurant Group ☐ Foodservice Distributor ☐ Hotel Foodservice

Category: ☐ Fine Dining ☐ Casual Dining ☐ Fast Casual ☐ Quick Service ☐ Café ☐ Bistro ☐ Pub
☐ Cafeteria ☐ Catering ☐ Distribution

In making the application, I agree to follow the criteria and guidelines of the Goodness Grows in NC program. Any violation of the guidelines can result in retraction of this membership. I certify that the above information is correct and true to the best of my knowledge.

Signature _____ Date_____

Printed Name _____ Title _____