

Dear Chamber of ...

Contact person:

Application to join the “True Italian Taste” network

I, the undersigned, [name and surname] as owner/legal representative of the company/individual firm [name of company/individual firm], identification number of the company/individual firm [.....], owner of the store [name of store] located at [full address].

ASK

TO JOIN THE “TRUE ITALIAN TASTE” NETWORK
WITH THE FOLLOWING STORE

STORE	Name:
	Address:

AND I DECLARE THAT

- I have read the Rules to join the “True Italian Taste” network.
- All the information provided in the enclosed application form is true and I commit to communicate promptly any change.
- I am aware - and I agree from now on - that the Chamber may make unscheduled visits to the store to verify the truthfulness of the information provided in the application form.

Please find attached the completed application form.

Date,.....

Yours faithfully,
