

**Culinary Tourism Business Survey**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Website (required): \_\_\_\_\_

Check all areas that apply and provide a **brief description** for events, festivals and classes. Events, festivals and classes that highlight Massachusetts grown or produced products or benefit an agricultural group will be given special consideration.

**Ethnic Market Tour & Sampling:**  \_\_\_\_\_ Max # you can accommodate

**Brewery Tour & Sampling:**  \_\_\_\_\_ Max # you can accommodate

**Food Production Tour & Sampling:**  \_\_\_\_\_ Max # you can accommodate

**Special Dinner/Culinary Event:**  **When:**

\_\_\_\_\_

**Culinary/Wine Festival:**  **When:**

\_\_\_\_\_

**Culinary/Wine Class:**  **When:**

\_\_\_\_\_

**Please return to Department of Agricultural Resources, Savor Massachusetts  
251 Causeway St., Suite 500, Boston, MA 02214 or by fax to 617-626-1850.**