

Culinary Tourism Business Survey

Business Name: _____

Contact Name: _____

Address (indicate if not to be published):

City: _____ State: _____ Zip: _____ County: _____

Phone: (____) _____ Fax : (____) _____

Email: _____

Website (required): _____

Check all areas that apply and provide a brief description.

Events, festivals and classes that highlight Massachusetts grown or produced products or benefit an agricultural group will be given special consideration.

Brewery/Distillery Tour: _____

Max # you can accommodate _____

Culinary Tour: _____

Max # you can accommodate _____

Culinary Workshop: ☐ **When:**

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

Please return to Department of Agricultural Resources, ATTN: Amanda Bruso
251 Causeway St., Suite 500, Boston, MA 02214 or by email: Amanda.Bruso@state.ma.us