
Empire State Restaurant & Tavern Association

12 Sheridan Avenue
Albany, NY 12210
Web Site www.esrta.org
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Scott Wexler, *Executive Director*

MEMBERSHIP APPLICATION

\$200.00 Annual Dues

Name of Establishment _____

Address _____

Phone _____ Fax _____

E-mail _____ URL (web site address) _____

Contact Person _____ Beverage Alcohol License Yes No

Hours of Operation _____ Day(s) Closed _____

Credit Cards Accepted: American Express Diners Discover/Novus
 MasterCard Visa

Please Check All That Apply/Describe Your Establishment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Dancing | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Boat/Yacht Club | <input type="checkbox"/> Fast Food Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Bowling Center | <input type="checkbox"/> Golf Course | <input type="checkbox"/> Take Out Restaurant |
| <input type="checkbox"/> Brew Pub | <input type="checkbox"/> Hotel/Motel/Inn | <input type="checkbox"/> Tavern |
| <input type="checkbox"/> Catering | <input type="checkbox"/> Music | <input type="checkbox"/> Theater/Cabaret |
| <input type="checkbox"/> Cigar Bar | <input type="checkbox"/> Package Store | <input type="checkbox"/> Topless Dancers |
| <input type="checkbox"/> Comedy Club | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Pub | |
| <input type="checkbox"/> Country Club | <input type="checkbox"/> Resort | |

Credit Card Payment: American Express MasterCard VISA

Account # _____ Expiration Date _____

Signature _____ Date _____