



**Myrtle Beach Area Chamber of Commerce**

PO Box 2115, Myrtle Beach, SC 29578  
Phone: (843) 626-7444 ~ Fax: (843) 626-0009  
MyrtleBeachAreaChamber.com



**DINING INVESTOR APPLICATION**

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free: \_\_\_\_\_

Cell/Other: \_\_\_\_\_ General Company Email: \_\_\_\_\_

CEO/President: Mr. Ms. \_\_\_\_\_ Email: \_\_\_\_\_

Manager: Mr. Ms. \_\_\_\_\_ Email: \_\_\_\_\_

Marketing Director: Mr. Ms. \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Does your website promote destinations outside the Grand Strand? Y N Home-based business? Y N Date business established: \_\_\_\_\_

Number of Employees: Full-Time: \_\_\_\_\_ Part-time/Seasonal: \_\_\_\_\_ Restaurant – Annual Food & Beverage Sales: \_\_\_\_\_

Please describe your business using keywords or phrases likely to be used when searching for your product or service. Sentences preferred, additional keywords can be listed separately.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your top three reasons for joining the chamber:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

By signing this application, I agree to operate ethically and with integrity and will strive to provide excellence in the services and quality of accommodations/facilities provided. I understand this application applies only to the current business owner and if changes are made in ownership, notification should be made to the appropriate agency. Membership is nontransferable. New owners will need to apply for membership. I further understand that all membership applications are subject to board approval.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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**Company Social Media Profiles**

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

Pinterest: \_\_\_\_\_

YouTube: \_\_\_\_\_

Instagram: \_\_\_\_\_

**OPTIONAL | For statistical purposes only, please indicate whether your business is more than 50 percent owned by one of the following demographics:**

African American  LGBTQA  Veteran

Asian Pacific American  Native American  Woman

Disabled American  Subcontinent Asian American

**Business Directory Categories**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**OFFICE USE ONLY**

Basis of Investment: \_\_\_\_\_ Investment Amount: \$ \_\_\_\_\_ Sold By: \_\_\_\_\_ Dues (FY) Prorated: \_\_\_\_\_

USCC Code: \_\_\_\_\_ Source: \_\_\_\_\_ (CY) Year Difference: \_\_\_\_\_

Main Category: \_\_\_\_\_ Area: \_\_\_\_\_

Date Received: \_\_\_\_\_ Weblink Input: \_\_\_\_\_ Board Approval: \_\_\_\_\_



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**DINING SEARCH CRITERIA FORM**

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

*Please check the following dining search criteria:*

**Restaurant Type (Select up to three):**

<input type="checkbox"/> Bar/Pub	<input type="checkbox"/> Bakery
<input type="checkbox"/> Buffet	<input type="checkbox"/> Café
<input type="checkbox"/> Casual	<input type="checkbox"/> Delicatessen
<input type="checkbox"/> Diner	<input type="checkbox"/> Dinner Theater
<input type="checkbox"/> Family	<input type="checkbox"/> Fast Food
<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Seafood
<input type="checkbox"/> Steakhouse	<input type="checkbox"/> Specialty
<input type="checkbox"/> Coffee House/Bar	

**Food Type (Select up to three):**

<input type="checkbox"/> American	<input type="checkbox"/> Asian
<input type="checkbox"/> Barbeque	<input type="checkbox"/> Cajun
<input type="checkbox"/> Chinese	<input type="checkbox"/> German
<input type="checkbox"/> Greek	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> Italian
<input type="checkbox"/> Japanese	<input type="checkbox"/> Mediterranean
<input type="checkbox"/> Mexican	<input type="checkbox"/> Pizza
<input type="checkbox"/> Seafood	<input type="checkbox"/> Southern
<input type="checkbox"/> Sub/Sandwiches	<input type="checkbox"/> Sushi
<input type="checkbox"/> Thai	<input type="checkbox"/> Specialty

**Additional Information:**

- Alcohol Served
- Catering
- Child Friendly
- Curb Side Pickup
- Delivery
- Early Bird Specials
- Entertainment
- Full Menu
- Gluten Free Options
- Group Discounts
- Group Seating
- Handicap Accessible
- Kosher
- Late Night Dining
- No Smoking Area
- Open Holidays
- Open 24 Hours
- Outdoor Dining
- Private Room
- Reservations Accepted
- Smoke Free Facility
- Take Out
- Vegan Options
- Vegetarian Options

**Meals Served:**

- Breakfast
- Lunch
- Dinner
- Late Night

**Pricing (select one):**

- Under \$10
- \$10 - \$20
- Over \$20

**Credit Cards Accepted:**

<input type="checkbox"/> MC	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX
<input type="checkbox"/> DINERS CLUB	<input type="checkbox"/> NONE

**OPTIONAL | Please provide a discount that would you would like to be listed on MyrtleBeachAreaChamber.com:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**DINING INVESTOR APPLICATION**



**Charge It!**

If you would like to charge to your Visa, MasterCard, American Express or Discover Card, please complete the information below and return it with the completed application copy of your invoice. If you prefer, you may also fax this form to our membership division at (843) 626-0009.

Charge to            VISA            MASTERCARD            DISCOVER            AMERICAN EXPRESS

Card Number: \_\_\_\_\_ V-Code\* \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Company Id #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Invoice: \_\_\_\_\_

Signature: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

\*Last three numbers on back of card; American Express-four digit number on front of card. V-Code is required to process card.