



# BENEFIT NIGHT APPLICATION

Please print clearly in blue or black ink only. The following information must be completed in order to process and schedule your event. Our Benefit Night program is a charitable donation program, not a discount. Pollo Operations, Inc. d.b.a. Pollo Tropical® reserves the right to select the organizations we choose to support. Please email this completed form to [ismmarketing@pollotropical.com](mailto:ismmarketing@pollotropical.com) or fax to (305) 670-6403.

Today's Date: \_\_\_\_\_ Number of members in your organization: \_\_\_\_\_  
(Minimum of 500 or more)

Benefiting What Group or Team? (Example: South Lake High School PTA) \_\_\_\_\_

Pollo Tropical® Location for Event: \_\_\_\_\_  
(Visit our store locator online at [www.pollotropical.com](http://www.pollotropical.com) for the store nearest you.)

Date for your Event: 1st Choice: \_\_\_\_\_ 2nd Choice: \_\_\_\_\_  
(Events must be set at least 21 days in advance, on a Tuesday or Wednesday between 5-8pm)

### **Organization Information:**

Organization Name: (Legal Name as listed w/Tax ID) \_\_\_\_\_

Address (mailing address of check) \_\_\_\_\_

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

Contact Name & Title (Example: Bob Smith, PTA president): \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address to send Flyer: \_\_\_\_\_

### **IMPORTANT TAX INFORMATION NEEDED:**

Organization's Federal Tax I.D. # \_\_\_\_\_ -- \_\_\_\_\_

Please check one box below that applies to your organization:

Recognized by government as a non-profit organization (or authorized sub-group). Please attach a copy of your tax exempt certificate or official documentation recognizing 501(c)(3) or other non-profit status.

Not recognized by government as a non-profit organization. Please note that you will be required to complete and submit a Tax ID form (W-9) in order for your check to be processed. A blank W-9 form can be easily found at [www.irs.gov](http://www.irs.gov). Please attach a completed copy.

### **Approval Terms:**

Approval of this agreement is at the sole discretion of Pollo Operations, Inc (d.b.a. Pollo Tropical®). Please note that this agreement must be approved at least three (3) weeks before your scheduled Benefit Night event. This agreement may be terminated and/or cancelled by either party with (7) days written notice. The above organization will promote this Benefit Night event for the above Pollo Tropical location only. The proceeds for the event to be paid to the organization will be 20% of the pre-tax sales receipts for food and beverages, generated by the organization excluding alcohol. One flyer required per transaction. By signing this agreement, I understand that all flyers are to be distributed prior to the event, and under no circumstance are flyers to be handed out in the restaurant, parking lot, or grounds. The event traditionally takes place between the hours of 5 p.m. and 8 p.m.. A check will be mailed to the organization within 4-6 weeks after the event. No guarantees or warranties of any kind are made by either party hereto as to the anticipated success of this event.

Please note: If your organization is selected for a Benefit Night, you must complete a hold harmless agreement and authorize Pollo Tropical to photograph your event for publicity purposes.

The terms above are agreed to and accepted by:

Organization

Pollo Tropical

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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

(Not valid until signed by Organization Representative and Pollo Tropical Marketing Representative)

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