



THE
Craft Bar
A FLORIDA GASTROPUB

COMMUNITY PARTNERSHIP FORM

1) Name of Organization: _____

2) Address: _____

3) Contact Name: _____

4) Phone: _____

5) Email: _____

6) Is your organization a not for profit or public tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code? **YES** ____ **NO** ____