

CONFIDENTIAL PROFESSIONAL INTAKE FORM

Professional Transition & Representation Advisory | US Restaurant Consultants

This form is intended for experienced restaurant and hospitality professionals.

This is not a recruiting or placement service.

SECTION 1: PROFESSIONAL INFORMATION

Full Name:

Preferred Email:

Preferred Phone (optional):

Current Role / Title (do not list employer):

Years of Senior-Level Experience:

5–10

10–15

15–25

25+

SECTION 2: PROFESSIONAL BACKGROUND

Executive / Culinary Leadership

General Management

Operations / Multi-Unit Leadership

Beverage / Bar Leadership

Openings / Turnarounds

Ownership / Partnership

Advisory / Consulting

Brief Professional Summary:

SECTION 3: OPPORTUNITY EXPLORATION

- Senior Leadership Role
- Multi-Unit / Growth Role
- Opening or Expansion Team
- Partnership / Equity Opportunity
- Advisory-to-Ownership Pathway
- Exploratory Only

Geographic Preferences or Constraints:

Timing Horizon: 0–3 months 3–6 months 6–12 months Exploratory

SECTION 4: CONFIDENTIALITY & RISK AWARENESS

Currently Employed? Yes No

Non-compete

Non-solicitation

Confidentiality / IP

Equity Vesting

None

Sensitivities or risks requiring discretion:

SECTION 5: GROUP OR TEAM INQUIRY (IF APPLICABLE)

Individual

Paired Leadership

Intact Team

Team structure and roles:

SECTION 6: OWNERSHIP & CAPITAL (OPTIONAL)

Prior ownership or equity experience?

Yes

No

Exploring ownership or equity in next role?

Yes

Possibly

No

Details (optional):

SECTION 7: ADDITIONAL CONTEXT & ACKNOWLEDGMENT

Additional information relevant to alignment:

Name (typed):

Date: