



Private Dining Terms & Conditions

- Food and Beverage minimums are applicable depending on day of the week:
 - Monday-Saturday beginning at 5:00pm: **\$1000.00**
 - Total restaurant buyout available Mon.-Thurs. beginning at 5:00: **\$8000**
 - Sunday (normally closed) beginning at 11:00am: **\$7000.00**
 - all minimums do not include tax or gratuity.
- Pharmaceutical events please inquire about food and beverage minimums.
- A valid Master Card, Visa or Amex is required to hold any wine cellar reservation.
- One check will be presented to the designated host, split checks or separate checks are not suggested.
- Wine cellar reservations are taken up to 60 days to the numerical date. Please inquire if you would like to reserve room prior to 60 days.
- All menus are custom and must be made at least 72 hours before the event.
- Full menu can be provided to parties of 15 or less guests. Any parties larger than 15 must have limited menu.
- An 18% gratuity will be added to all events of 25 guests or less, 20% for events larger than 25.
- A \$250.00 Cancellation penalty will be charged to all canceled events. If a cancellation occurs within 5 business days; \$500.00 will be charged to the credit card on file. The cancellation fee may be applied to a rescheduled event if the event takes place within 30 days of the original reservation.

Signature _____ Date: _____

Visa/MC/AMEX # _____ Exp: _____

Tom Selbitschka ~ I Nonni Restaurant Manager, 651.905.1081 ex. 7.
email: tom@inonnirestaurant.com

Kitchen Copy Date of event _____ Time of service _____

Antipasti (table share) Number in Party:

1. _____ Qty _____

2. _____ Qty _____

3. _____ Qty _____

4. _____ (optional)

Primi (choice)

1. _____

2. _____

3. _____

4. _____

Entrée (choice)

1. _____

2. _____

3. _____

4. _____

Dessert (choice)

1. _____

2. _____

3. _____

Wine Selections

White _____ Stem _____

Red _____ Stem _____

Booking Information

Date _____ Day of Week _____

Number in Party _____

Arrival Time _____

Service Time _____

Host Name _____

Comapany Name _____

Phone _____ Fax _____ Cell _____

Email _____

Address _____

CC# _____ Type _____

Consultation Meeting: yes or no _____ Date _____

Additional Information _____

Seating arrangement if applicable _____

bgi entrance

FP

i nonni entrance