



FOOD or GENERAL MERCHANDISE VENDOR APPLICATION

Name of Business

Name

Contact Number

<input type="text"/>	<input type="text"/>
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Position or Title

Address (Street Number / Street Name)

City

Province

Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address

Web Site

<input type="text"/>	<input type="text"/>
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Description of Products or Services

COMPANY INFORMATION

Organization Type

Sole Owner (Yes/No)

Corporation (Yes/No)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Non Profit? (Yes/No)

Payment options (✓ appropriate box)

\$50.00 for permit only

\$65.00 with table & 1 chair

Cheque, Money Order Payable in advance prior to event St. Clair Gardens BIA. Do NOT send cash in mail. Cash is payable in PERSON only.

Signature

Date

<input type="text"/>	<input type="text"/>
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Please send your completed application form to:

Don Panos, Chair

St. Clair Gardens Business Improvement Area

1747 St. Clair Ave W

Toronto, ON M6N 1J4

Fax: (416) 658-7365