

Health and Wellness Show Application Form

Information:

First Name: _____ Last Name: _____

Legal Company Name: _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Description of Business:

Show Details:

A 6ft table will be provided with chairs

Do you require hydro? Yes No *If yes, you will need to supply your own extension cord.

Show times: 9:30 am – 4:00 pm. If you would like, you may stay until 9:00 pm at no additional charge.

All approved business will be listed on Lambton Mall website with a link back to their website.

Payment:

\$200 + \$10 marketing fee + HST. There will be a \$25 charge on all NSF cheques. Please make cheques payable to KS LAMBTON MALL INC.

Insurance:

Each Vendor will be require comprehensive public liability and property damage insurance coverage on an occurrence basis with a limit of not less than \$5,000,000 for each occurrence, and shall name the Licensor, as additional insureds **(KS Acquisition II LP, 20 Vic Management Inc., KS Lambton Mall Inc., KingSett Capital Inc., and OPB realty Inc.)**

Please forward this application form to:

Denise Laanstra
Lambton Mall Administration Office
1380 London Rd
Sarnia, On N7S1P8

Or email Denise at dlaanstra@20vic.com

If you are accepted you will be notified with further details on payment & insurance requirements