

# ST. VITAL CENTRE

**DISPLAY OR EXHIBITION SPACE – Application Form**

Please complete and return the following to:

St. Vital Centre  
86-1225 St. Mary's Road  
Winnipeg, MB R2M 5E5  
Fax: 204-257-2311

Attention: Roxanne Liivamagi – Corporate Customer Service Training Manager

DATE ISSUED: \_\_\_\_\_

Official Name of Organization: \_\_\_\_\_

Organization Charitable No: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Organization's Function: \_\_\_\_\_

Name and Purpose of Event, Display, Exhibit: \_\_\_\_\_

If the purpose is fundraising, how much do you anticipate raising? \_\_\_\_\_

Requested Date(s) of Event, Display, Exhibit. Please provide up to 3 choices : 1: \_\_\_\_\_

2: \_\_\_\_\_

3. \_\_\_\_\_

**DISPLAY DESCRIPTION AND PHYSICAL REQUIREMENTS:** \_\_\_\_\_

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**Describe Display :**

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Will there be: SOUND \_\_\_\_\_ FILM SLIDES \_\_\_\_\_? What are the power requirements?

**Loading and unloading requirements:**

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**PROMOTION AND PUBLICITY:**

Will event, display, exhibit, be publicized in any way whatsoever?

Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes, how? \_\_\_\_\_

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Samples of all notices, media release and any subsequent coverage must be forwarded to the Shopping Centre Management Office.

**MEDIA:**

All media must be pre-approved by management prior to invitation. Any media invitations to the mall must be explicitly approved by the management office, and media are expected to follow all guidelines (i.e. signing in at Guest Services, completing Media Request Form, etc.)

**INSURANCE:**

Prior to the event, display, exhibit, the Exhibitor shall at its own expense and cost obtain a Certificate of Insurance in the minimum sum of:

**TWO MILLION -- DOLLARS \$2,000,000.00**

Public liability and property damage, naming the Exhibitor and **OPB Realty Inc., Cushman & Wakefield Asset Services Inc., and St. Vital Centre** as additional insured. No agreement will be accepted and signed by the Landlord unless a Certificate of Insurance has been provided and attached to this form.

**SALES OF MERCHANDISE OR SERVICE:**

No sales of merchandise or service are permitted by any Exhibitor unless specifically approved by the Landlord. A CITY PERMIT must be obtained by anyone selling merchandise or services and no agreement will be accepted and signed by the Landlord unless a copy of the City Permit has been provided and attached to this form. ***Not applicable for charitable/non-profit.***

Permit Required? YES \_\_\_\_\_NO\_\_\_\_\_

If YES, has permit been attached? \_\_\_\_\_

A PROVINCIAL PERMIT must be obtained by anyone selling raffle tickets.

If required, Permit Number is: \_\_\_\_\_

Prior to the event, display or exhibit, the Exhibitor will obtain all approvals, licenses or permits required by and the payment of all fees, charges or royalties payable to the Performing Rights Organization of Canada Limited (PROCAN) and the Composers, Authors and Publishers Association of Canada Limited (CAPAC) or any similar organization, (or any successor thereof), in respect of the issue or grant by them of licenses for the performance of dramatic or musical works in or around the Shopping Centre. Upon request, the Exhibitor shall present to the Licensor a copy of all such approvals, licenses or permits including evidence of all necessary payments required in respect of such approvals, licenses or permits. The Exhibitor shall indemnify and save harmless the Licensor from and against all and any demands, liabilities, fees, charges or royalties arising from or out of this Agreement.

I HEREBY CERTIFY THAT THE ABOVE AND ATTACHED INFORMATION IS TRUE AND COMPLETE. I HAVE READ, UNDERSTOOD AND ACCEPTED THE TERMS AS STATED:

EXHIBITOR: \_\_\_\_\_ DATED: \_\_\_\_\_

PER:

\_\_\_\_\_  
(Signature) (Print Name and Title)

CONTRACT DETAILS REVIEWED AND APPROVED:

Licensor: **St. Vital Centre**

PER: \_\_\_\_\_ **St. Vital Centre Management**

DATED: \_\_\_\_\_