



## COMMUNITY POP UP SHOP – Application Form

*Please complete and return the following to:*

**Meghan Switzer**  
**HeritageMarketing@GroupeSterling.com**  
**1350 16<sup>th</sup> Street East**  
**Owen Sound, ON**  
**N4K 6N7**

### GENERAL INFORMATION

**DATE ISSUED:**

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**NAME OF APPLICANT & POSITION:**

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**OFFICIAL NAME OF BUSINESS and/or BUSINESS PRINCIPAL:**

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**PHONE NUMBER:**

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**ADDRESS:**

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**EMAIL ADDRESS:**

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### PRODUCT INFORMATION

**DO YOU CURRENTLY HAVE A STORE FRONT IN THE GREY/BRUCE AREA: YES NO**

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**TYPE OF PRODUCT FOR SALE:**

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**IS THIS HANDMADE? YES NO**

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*To this form please attach photos, website link, social handles, etc. showing the products you intend to sell .*

### PROMOTION AND PUBLICITY:

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

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

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:**

Minimum seven days prior to setting up, the Exhibitor/Business Owner/Principal shall at its own expense and cost obtain a Certificate of Insurance in the minimum sum of:

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

Public liability and property damage, naming the Exhibitor and **The Sterling Group Inc. and Heritage Mall Limited Partnership** 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.

Please note: PHOTOCOPIES OR FAXES OF INSURANCE CERTIFICATES ARE NOT ACCEPTABLE.

*If you need assistance obtaining insurance, please reach out and we can help*

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:  
Title:

CONTRACT DETAILS REVIEWED AND APPROVED:  
Licensor: **Heritage Mall Limited Partnership**

PER: \_\_\_\_\_

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