

## **Applicant Business Information**

Legal Business Name		Operating Name (if applicable)		
Street Number	Street Name		L	Suite/Unit Number
City/Town		Province		Postal Code
Business Telephone Number		Business Email		
Business Licence Number (if applicable)		Expiry Date (yyyy-mm-dd) (if applicable)		

## Contact Name (Owner or Business Authority)

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First Name	Last Name			
Relation to Business (Director, Signing Authority, Etc.)	Business Telephone Number or Business Email			
	(if different than above)			

## **Application Information**

Which type of marketing display area(s) are you applying for?	Front	Location:	Frontage	Curbside	Adjacent	
······································	Flank		Frontage	Curbside	Adjacent	
Type of Merchandise to be Displayed:						
Type of Material used for display stands:						
Are you applying for an awning(s) over the proposed marketing display? Yes No						
Are you applying to use lighting within the proposed marketing display?		laration Re	quired)			

## **Proposed Marketing Display Information**

	Proposed Dimensions (in metres <b>ONLY</b> )					
Arterial Local Collector	m X m = total square metre requested					
if requesting two areas please indicate (Area 2) m X m = total square metre requested Name of the street where proposed café will be loca						
Signature	Date (yyyy-mm-dd)					
Disclaimer: By signing this application, you are representing that all the information submitted with this application is accurate and current to the best of your knowledge. It is an offence under City of Toronto Municipal Code Chapter 742, to knowingly provide false information in a statement, affidavit, application or other document prepared, submitted or filed under the Chapter. You also agree that if anything in this application is false, misleading or fraudulent, City staff may refuse your application or cancel your permit.						

Application Number (Office Use Only)

