

## **KIOSK APPLICATION FORM**

Applicant's full name:	
Business name (trading as):	
Type of business:	
Specify item(s) to be sold at kiosk:	
Telephone number:	
Email address:	
Current business address:	
Mailing address (if different from above):	
Weekly/Monthly Rental:	
Specify Dates:	
Specify Operating Hours:	

### **KIOSK RATES (PAYABLE IN ADVANCE):**

**\$7,920 (per year = \$660 per month)**

**\$660 (per month January through March)                      \$220.00 (per week)**

**\$880 (per month April through October)                      \$250.00 (per week)**

**\$1,100 (per month November and December)                      \$360.00 (per week)**

*The ♥ of Hamilton*

**Credit References:**

Reference: ..... Acct#: .....

Reference: ..... Acct#: .....

Reference: ..... Acct#: .....

**CREDIT POLICIES TERMS AND CONDITIONS:**

I/We agree that all agency charges, legal costs and other expenses incurred by the above-named Companies in attempting to recover overdue amounts will be charged to my/our account. I/We give permission to the above-named Companies to obtain information from any source to verify any statements made in this application.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

***Please complete the appropriate section for your business.*****Limited Liability Company:**

Date of incorporation: .....

Officers:

Name: ..... Title: .....

Name: ..... Title: .....

Name of parent company (If Applicable): .....

Address: .....

Any other subsidiary business: .....

**Partnership or Sole Ownership:**

Details of partners/owners:

Name: ..... Home Address: ..... Date of Birth: ..... Home Tel: .....

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Other businesses owned: .....