

Royal Market Vendor Application Form

Thank you for your interest in renting a table at the Royal Market. All information provided is confidential and is only used for consideration in our Vendors' Market temporary leasing program. As applications are subject to approval, please give as much detail as possible and enclose photos/brochures. Return this completed form by fax, e-mail or mail to the address below. **PLEASE PRINT**

Vendor Information		
First Name:	Last Name:	
Street Number:	Street/PO Box:	Apt:
City:	Province:	Postal Code:
Home#:	Business#:	Mobile#:
E-mail Address:		
Website:		

Please circle the category which best describes your organization:
Retail Wholesale Service Non-profit/Charity Other _____

Describe the product(s) that you sell: _____

What is the price range of your products: _____ \$

Have or do you sell at other vendor programs? Yes No
If yes, where and for how long? _____

What are your average daily sales? _____ \$

How many years have you been in business? _____

Please provide two references of other places you have sold at:

Name: _____ phone: _____

Name: _____ phone: _____

Please forward your completed application to either:

- via fax: (604) 520-4439
- by e-mail: royalmarket@rchfoundation.com
- by mail: Royal Columbian Hospital Foundation
330 East Columbia St., Health Care Centre Lobby, New Westminister, BC V3L 3W7