



**Application for Non-profit Organizations and Special Events
(At least 60 days in advance)**

Organization Information Date: _____

Event Name: _____

Legal Business Name: _____

Contact Name: _____

Business Address: _____

Telephone: (Home) _____ (Bus) _____

(Cell) _____ (Fax) _____

Email: _____

Proposed Business Terms

Type of set up desired please indicate first and second choice with # 1-2:

Choice	Location	Term	Fees	Additional Requirements
	Community Kiosk	First come First served	\$0	*Please book dates with Receptionist
	Common Area/Max 10x20 space	1 day	\$100	\$25 every day after
	Centre Court	1 day	\$200	Advertising value = \$200/day

*Only applicants fundraising in the Blue Sky Region with a charitable or non-profit registered number qualify for the use of the community kiosk. This kiosk is subject to availability and some conditions may apply. Please call 472-8110 ext 221.

Additional requests for your set up:

Tables/linens (# required): _____ Chairs (# required): _____

- | | |
|--|---|
| <input type="checkbox"/> Community Kiosk (provided at no charge) | <input type="checkbox"/> Podium |
| <input type="checkbox"/> 22x28 sign holder | <input type="checkbox"/> PA/Sound system /cordless microphone |
| <input type="checkbox"/> Common Area Kiosk (provided) | <input type="checkbox"/> Staging |

Dates of Event: From: _____ To: _____

Do you require hydro? Yes No



Visual Merchandising

Briefly describe your set up:

Type of Fixtures: _____

Color Scheme: _____

Props: _____

Signs: _____

Please provide the following with your application for approval:

- A proof of the signage to be displayed
- A photo/rendering of the display
- A sample of the materials/product (if available)
- A list and proof of confirmed advertising if required i.e. Newspaper/radio/TV ads
- Sponsorship proposal
- Insurance certificate (terms)

This application is subject to the approval of Morguard Investments Limited. In addition, this application is non-binding, further neither party is under any obligation to the other in respect to this application, until a mutually agreeable license agreement has been prepared and properly executed.

Name of Applicant: (please print) _____

Signature of Applicant: _____ Date: _____

Name of Co-Applicant: (please print) _____

Signature of Co-Applicant: _____ Date: _____

As agent for the owner of the Northgate Shopping Centre, Morguard Investments Limited ("Morguard") is committed to maintaining the security and confidentiality of personal information in accordance with applicable privacy legislation and our Privacy Policy.

By completing this form, you are consenting to Morguard collecting, using and disclosing your personal information in order to identify and communicate with you, for such other purposes as may be necessary in order to provide you with the products and/or services you have requested, and for any other purposes where you consent or where such collection, use or disclosure is permitted or required by law. You represent that you have all necessary authority and/or have obtained all necessary consents from any other individuals about whom you have disclosed personal information to Morguard in order to enable us to collect, use and disclose such personal information to fulfill the purposes described above. For further information regarding Morguard's personal information handling practices, please refer to Morguard's Privacy Policy at www.morguard.com.

Please return your application to:

The Northgate Shopping Centre
1500 Fisher Street, North Bay, ON P1B 2H3
Fax: 705-472-6685

The following must be on file in the Administration Office 2 weeks prior to reserved dates:

- *Copy of Liability Insurance for \$3,000,000 naming both "HOOPP Realty Ltd." and "Morguard Investments Ltd." as additional insured.*