**FREELTON ANTIQUE MALL**

FREELTON, ON L0R 1K0

Phone/fax 905-659-0948

**Licensee Application Date:** (M)…..…(D)…..…(Y)………..

(please print)

Name…………………………………………………………………………………………………….. Phone #................................

Address Street………………………………………………Unit…………………….. 2nd #....................................

 City………………………………………………… Prov…………………….

 Postal Code……………………………………………………………….….

 Email Address……………………………………………………………....

REFERENCES

Previous or current experience, and/or other locations retailing items…………………….…………………..…………………….

Are you selling on the internet?..........................................................................................................................

Describe, in detail, the type of items that you would be selling within our Mall (please note there are guidelines published by the Mall that limit the type of items that can be sold). The management of the Mall reserves the right to reject or remove any item(s) that they deem not acceptable for any reason without notice.

Furniture (must be pre 1970)…………………………………………………………………………………………………………………….

Glass, China, etc (must be pre 1980)………………………………………………………………………………………………………….

Others (collectibles must be discontinued)………………………………………………………………………………………………..

Booth size preference: Small (up to 30 sq.ft.)……………………….

 Medium (40-65 sq. ft.)……………………..

 Large (over 80 sq. ft.)…………………….…

 Cabinet………………………………………….…

Booth location preference Upstairs or Downstairs?......................

Please be advised that a Licensee contract and operating manual will be provided with an deposit is paid on a rental space. The minimum occupation of any space in the Mall is four (4) months. You are advised to read these documents thoroughly. All due payments and any required documentation must be submitted BEFORE occupying any rental space.

Signature of applicant……………………………………………………………………………………………………………………………….