

ST. JACOBS
**MARKET ROAD
ANTIQUES**

845 Weber Street North, Waterloo, Ontario N2V 1V8
Tel: 519-746-1999 • Toll Free: 1-877-946-1999 • Fax: 519-746-9991
www.stjacobsmarket.com • antiques@stjacobsmarket.com

ANTIQUÉ DEALER APPLICATION

DATE: _____

BUSINESS NAME: _____

DEALER NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

PLEASE NOTE: WE REQUIRE PHOTOS OF YOUR PRODUCT IN ORDER TO CONSIDER YOUR APPLICATION. PLEASE INCLUDE PHOTOS IN ONE OR MORE OF THE FOLLOWING FORMATS:

SOCIAL MEDIA: _____

WEBSITE: _____

ATTACHED PHOTOGRAPHS (please indicate if you've sent images via email): _____

PRODUCT DESCRIPTION

List type of antiques or collectibles you propose to sell in this location.

REFERENCES

List 2 references and contact information

REFERENCE 1: _____

REFERENCE 2: _____

HOW DID YOU HEAR ABOUT US?

- | | |
|---|--|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Print Advertisement |
| <input type="checkbox"/> In-store Visit | <input type="checkbox"/> Other (please indicate) |
| <input type="checkbox"/> Word-of-mouth | |

Application Guidelines:

1. All applications are reviewed by the Dealer Selection Committee prior to approval. It takes at **least two weeks** for your application to be reviewed and all successful applicants will be contacted for an interview once the review process is complete.
2. Unless otherwise noted all contracts are payable in monthly installment. Dealers must provide postdated cheques for each month for the contract term in advance of the contract start date. There will be no refunds of any kind.
3. All applications will be retained for one year. Vendors are chosen with the needs of the mall in mind. Please be sure to reapply as needed.
4. All dealers are required to carry a liability insurance policy at a minimum amount of \$2,000,000 listing the Schlegel Urban Developments as an additional insurer.

By signing below I attest that the information listed above is full and complete and that I have provided all requested information.

Dealer Signature Date

-----Office Use Only-----

Approved: _____ Contacted by: _____ Entered: _____
Waitlist: _____
Compliance: Insurance

Comments: