



West Lincoln Memorial Auxiliary Vendors Application Form

Applicant's Business Contact Information (PLEASE PRINT CLEARLY)

Business Name: _____
Contact/Applicant Name: _____
Address/City/Postal Code: _____
Phone #s: Business #: _____ Home #: _____ Cell #: _____
Email address/website: _____

Describe Business (attach flyer/brochure – necessary for posting throughout the hospital for advertising)

Rules for Operation

Fragrance Free

1. The Auxiliary Vendor program will operate from Monday to Friday. Vendors will complete the Vendors Application Form and a space will be provided in the Hospital. The Vendor will receive confirmation from Auxiliary once the application has been processed, and at that time, the vendor can request dates anytime during the calendar year.
2. The Vendor will provide a fee of \$75, payable two weeks in advance of each booked date by post-dated cheque (post-dated to the vendor date in the hospital), payable to the West Lincoln Memorial Auxiliary. Or e-transfer to wlmfinance@bell.net. If the cheque/transfer is not received prior to the vendor date, the Auxiliary reserves the right to cancel the vendor date. Cancellations must be made by the vendor at least one week in advance.
3. Vendors cannot block hallways or exits and may only use the one fold down table provided in the main Lobby.
4. Hours of Operation shall be between 0800 – 1630 hours.
5. Vendors are responsible for transporting their product to and from their vehicles.
6. The Auxiliary has the absolute right to refuse permission to any vendor, based on a perceived conflict of interest, good taste or any other reasonable grounds the Auxiliary may have. Any requests that are contentious shall be discussed with the Auxiliary President or delegate before any vendor is granted permission.
7. Insofar as the Auxiliary can ascertain, only vendors with high ethical standard, adequate financing, good warehousing and delivery facilities and reputation for fair dealing, prompt and efficient service and quality goods will be given the opportunity to conduct business on Hospital property.
8. The Auxiliary or Hospital is not responsible for any action as a result of a business transaction between a Vendor and Purchaser. The Auxiliary will keep vendor contact information which will be provided to staff upon request.

I hereby acknowledge that I have read and understand the Rules of Operation and that I will make payment via post-dated cheque to the Auxiliary prior to booked date.

Signature: _____

Date: _____

Please forward completed application form and post-dated cheque to:

WLM Auxiliary Office Vendor Program
West Lincoln Memorial Hospital
169 Main Street East
Grimsby, Ontario
L3M 1P3

OR email: hospvolunteers@cogeco.ca

Office Use Only:

Vendor Application Accepted: Yes No

Date Payment of Fee Received: _____

Date of Sale: _____

Location of Sale: _____