

Signature

Name

Home Address

Signature

2.

CS-1010A

Community Services – Tourism & Culture Division

ACCEPTANCE OF LIABILITY FOR UNINCORPORATED APPLICANT

(Supplement to the Special Events and Festivals Grant Application Form)

CONTACT INFORMATION (to be completed by the applicant)

SECTION 1

Date (yyyy-mm-dd)

Postal Code

Where the applicant of a Special Events and Festivals Grant Application is unincorporated, it is agreed that the following representatives of the applicant shall undertake to be personally, jointly and severally liable for all obligations, covenants, promises, liabilities and expenses arising out of the finance which may be granted to the applicant.

1. Name Title Date (yyyy-mm-dd)
Home Address City/Province Postal Code

Signature		
Name	 	 Date (yyyy-mm-dd)
Home Address	City/Province	Postal Code

Title

City/Province

4. Name Title Date (yyyy-mm-dd)

Home Address City/Province Postal Code

Signature

Please send completed form to:

City of St. John's
Office Services Supervisor
Dept. of Community Services
Special Events & Festivals Grant
Crosbie Building, 1 Crosbie Place
P.O. Box 908
St. John's NL A1C 5M2

For more information: E-mail: tourism@stjohns.ca Call: 576-8538 or 576-8394

