

Retail Services Vendor Program Applicant Information

Company Name:	
Name of Owner(s)	
Phone #	
Cell #	
Email	
Provide a detailed description of the products and/or services you sell.	

Do you presently participate in Vendor Programs at other hospitals, if so which ones.
Liability insurance (min. \$2,000,000) is required to participate in our program. Do you have valid commercial liability insurance?

_____ Business owner signature(s)	_____ Date- mm/dd/yr
<p>Thank you for your interest please note, at this time we are not accepting vendors into the program selling the following products-women's clothing, jewelry, purses and accessories. Upon receipt we will review your application and may contact you for additional information. We will advise you of your eligibility in writing via email. This process may take up to 30 days to complete.</p> <p>Complete and submit by e-mail retail@stjoes.ca or fax 905-521-6167</p>	