

'Discover Our Community' Application

Section A

Application Date	Name of Agent/Supplier	Name of individual to contact
Applicant's Address	Telephone Number	E-mail address
	Fax Number	

Section B

Community Event Description				
Marketing Plan Details (Attach material if necessary)				
Marketing Plan Budget (\$)	Geographic Area (specify target community)	LCBO District(s)	LCBO Stores Requested (Indicate Store#)	Start Date / End Date (4 weeks max)
Contest (Y/N)	Description of Prize	Mail in / online Ballot Y/N	Ballot Box per store (Y/N) Supplier/Agent to Provide	Note: Contest rules must follow standard guidelines as described on www.lcbotrade.com .

Invoice To Be Sent To: **Supplier** **Agent**

Participating Products (Maximum 3 SKUs)

Product Name	LCBO #
Product Name	LCBO #
Product Name	LCBO #

Section C (For LCBO Use)

District Manager (s) Approval	Yes	No	Category Manager Approval	Yes	No
District Manager Comments			Category Manager Comments		

Participating Stores Selected/Approved by District Manager (s)

Supplier	
Date	Signature of Authorized Signing Officer of Applicant
District Manager	
Date	Signature
Category Manager	
Date	Signature