



Special Events Program

For Office Use Only
Store Number
Date Received

Supplier/Agent Information

Application Date:	Supplier/Agent:	Contact Name:
Telephone:	Fax:	E-mail Address:
Tasting Company/Sales Representative:		Contact Name:
Telephone:	Fax:	E-mail Address:

Event Date

First Choice	Second Choice
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Time All Stores, except Store #10: Friday 4:00 – 8:00 p.m., or Saturday 1:00 – 5:00 p.m.
 Store #10: Friday 12:00 – 3:00 p.m./4:00 – 8:00 p.m. or Saturday 11:00 – 3:00 p.m./12:00 – 4:00 p.m./4:00 – 7:00 p.m.

Time :	Time:
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Products **Please note your products must be currently listed at each store you wish to have events.*

Brand Name(s)	UPC/CSPC Number(s)
1.	<input type="checkbox"/> General Listing <input type="checkbox"/> Vintages Listing
2.	<input type="checkbox"/> General Listing <input type="checkbox"/> Vintages Listing

Description of Event

(including proposed theme, food match, cooking demonstration, restaurant involvement, music, costumes, decoration, contest, giveaways, etc.)

Will food be prepared on-site? * Please attach any available Tasting Notes and Product Information when submitting your application.
 Yes No

STORE 10 ONLY: Please check off the appropriate Tasting area for your event

Great Hall Tasting Bar Party Zone Events Kitchen Premium Tasting Room

Requested Stores:

The Applicant Supplier agrees that if its application is successful, it will abide by all the terms and conditions of the Special Event guidelines.

 Signature of Authorized Signing Officer of Applicant Supplier

Please complete and return this form to: **LCBO Special Events**
Via Fax: (416) 365-5935
Via E-Mail: special.events@lcbo.com