

Sidewalk Application This is NOT a Permit

	N (please prin	t)				
Primary Contact Name (First, Last)					Primary Contact Phone No.	
Name of Organization						
Mailing Address						
Apt/Unit No. City			Province	Postal Code		
Alternate Phone No.				Email Address		
EVENT INFORMATION						
Name of Event						
tems to be displayed	☐ Clothes ☐	Food Merchandise	Other			
PROPOSED LOCATION		From (interpretion)	1.	To (interpostion)		
Street Name: From (intersection):				To (intersection):		
Pate(s) Required:	From:		•	То:		
ime Required (Day 1)	From:			То:		
ime Required (Day 2)	From:		-	To:		
ime Required (Day 3)	From:		-	То:		
ime Required (Day 4)	From:		-	То:		
Participation subjectFor further informatio	to Public Heal on, please refe		g & Standards Appr 3.		cation based on Ward boundaries.	
Toronto & East York:	Etc 399 Tor	Etobicoke York: bicoke Civic Centre The West Mall, 3 rd Fl. conto, ON, M9C 2Y2 (T) 416-394-8418 Wards: 1,2,3,5,7	North York: North York Civic Centre 5100 Yonge Street, 4 th FI. Toronto, ON, M2N 5V7 (T) 416-395-6303 Wards: 6,8,15,16,17,18		Scarborough: Scarborough Civic Centre 150 Borough Drive, 2 nd Fl. Toronto, ON, M1P 4N7 (T) 416-396-7505 Wards: 20,21,22,23,24,25	