



## Taste Leamington Application 2019

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Licence Number:** \_\_\_\_\_

**Years in Service:** \_\_\_\_\_

**Business Hours of Operation**

Seasonal (check one): \_\_\_\_\_ Yes \_\_\_\_\_ No

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

**Chamber Member (check one):** \_\_\_\_\_ Yes \_\_\_\_\_ No

**BIA Member (check one):** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Are you a previous recipient of Taste Funding (check one):** \_\_\_\_\_ Yes \_\_\_\_\_ No