

## FORM A: EXPRESSION OF INTEREST APPLICATION

1.	Document Title	_____		
2.	Respondent	_____		
		Name of Respondent		
		_____		
		Usual Business Name of Respondent (if different from above)		
		_____		
		Street		
		_____		
		City	Province	Postal Code
		_____		
		Email Address of Respondent		
		_____		
		Facsimile Number		
		_____		
	(Mailing address if different)	Street or P.O. Box		
		_____		
		City	Province	Postal Code
		_____		
		GST Registration Number (if applicable)		
		_____		
	(Choose one)	The Respondent is:		
		<input type="checkbox"/> a sole proprietor		
		<input type="checkbox"/> a partnership		
		<input type="checkbox"/> a corporation		
		carrying on business under the above name.		
3.	Contact Person	The Respondent hereby authorizes the following contact person to represent the Respondent for purposes of the Information Submission.		
		_____		
		Contact Person	Title	
		_____		
		Telephone Number	Email Address	
		_____		

4. Addenda

The Respondent certifies that the following addenda have been received and agrees that they shall be deemed to form a part of the Information Submission:

No.		Dated	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

5. Indigenous Self-Declaration

The City is requesting that Proponents identify if their business is at least 51% owned by one or more Indigenous persons of Canada.

☐ YES, 51% or more Indigenous ownership

☐ NO, it is not

This information is being gathered for statistical purposes only and will not be used for purposes of evaluation.

6. Signatures

The Respondent or the Respondent's authorized official or officials have signed this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Respondent or  
Respondent's Authorized Official or Officials

\_\_\_\_\_

(Print here name and official capacity of individual whose signature appears above)

\_\_\_\_\_

(Print here name and official capacity of individual whose signature appears above)