



The Langford Station Business Incubator Application

See "Information for Potential Vendors" document on our [website](#) for more details about the units and requirements.

Applicant Details

Business Name: _____ Contact Name: _____

Email: _____ Phone: _____

Mailing Address: _____
Number Street City Postal Code

Business type: ☐ Incorporated ☐ Sole Proprietorship Website: _____

Interested in: ☐ 40' unit ☐ 20' unit ☐ 10' unit Social Media Handles: _____

Existing store(s)? ☐ No ☐ Yes If yes, address(s): _____ Years of operation: _____

Proposed hours of operation (including minimum requirement): _____

Tell us about your vision for the space, visitor experience, and marketing plan:

What does success look like to you:

What attracted you to The Langford Station:

Product Details

Category of products: _____ Photos of product provided (min 3, max 10) ☐

Description:

This information is being collected for the purpose of determining the applicant's eligibility for a business incubator occupancy at The Langford Station. In providing this information, you (the applicant) have consented to its use for the above-described purpose and declare that all the information provide herein is correct. This information may be shared with applicable City of Langford departments and related agencies for the purpose of reviewing and approval of this application.

Applicant Signature

Date Signed