



I, _____ of the vendor noted below make
Agent (print name)
application for approval of the distribution of newspapers. I certify that the information on this form and the questionnaire (on reverse) are correct and understand that any approval may be withdrawn or cancelled if the information is inaccurate or changes without proper notice.

Mailing Address: _____

_____ Postal Code _____

Phone No.: _____ **Fax No.:** _____

Email: _____

Address: _____

Signature

Date

Billing Address: _____

_____ Postal Code _____

| Required Attachments for Processing – For Staff Use Only | |
|----------------------------------------------------------|--------------------------|
| Fee | <input type="checkbox"/> |
| Copy of valid current Business Licence | <input type="checkbox"/> |
| Copy of Certificate of Insurance | <input type="checkbox"/> |
| Release of Indemnity | <input type="checkbox"/> |

Call 604-276-4345 if you have any questions, or require further assistance.



1. Manner of Distribution – 2024 Newspaper Distribution Regulation Bylaw 7954 Fees per location:

- Agent – Paid Newspaper (\$314.00)
- Agent – Free Newspaper (\$314.00)
- Newspaper Box – Paid Newspaper (\$93.75)
- Newspaper Box – Free Newspaper (\$128.00)
- Multiple Publication News Rack (MPN) – Paid Newspaper (\$191.00)
- Multiple Publication News Rack (MPN) – Free Newspaper (\$191.00)

2. Type of Publication: Paid Free **Publication Name:** _____

3. Bill To (Vendor Name): _____

4. Requested Location for Newspaper Distribution:

Street Number: _____

Street Name: _____

Location Description: _____

Agent Newspaper Box MPN See applicable fees above.

Requested Location for Newspaper Distribution:

Street Number: _____

Street Name: _____

Location Description: _____

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