



NATIONAL CAPITAL COMMISSION  
COMMISSION DE LA CAPITALE NATIONALE

YOUNG ENTREPRENEURS REGISTRATION

PROTECTE A

**Young Entrepreneur's Contact Information**

Name:

Age:

Name of parent / legal guardian:

Address:

City:

Province:

Postal code:

Telephone:

Email:

**Location**

*Sir John A. Macdonald Parkway*

- Vimy Place
- Champlain Bridge parking lot
- Remic Rapids
- Kitchissippi

*Sir Georges-Étienne Cartier Parkway*

- At C.H. Airport-Marina Road

*Colonel By Drive*

- Corner of Daly Avenue
- Corner of Clegg Street
- Bronson Avenue parking lot

**Description of your business activity**

**Description of your kiosk**

**Preferred dates**

**Choose three Sundays between June 17 and Sept 2nd 2018**

*(exceptionally, the program will not be offered on July 1<sup>st</sup>)*

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**We invite you to take part in an optional, free training workshop offered by JA Ottawa.**

**Please choose a preferred date for the workshop.**

- Saturday, June 9th from 10 am to 12 pm (junior ages 9-12)
- Saturday, July 28th from 10 am to 12 pm (junior ages 9-12)

Preferred language: English  French

**If your application is chosen for the program, you must agree to the rules below.**

1. Install your kiosk and equipment by 9 am, and be present during its operation.
2. Operate your kiosk safely. Be sure that food or beverage products are safe for consumption.
3. Keep your work area and kiosk clean at all times. When closing for the day (at 1 pm), clean up your site and pack up your kiosk and equipment.
4. Any signs must appear in both English and French.

**Once your participation is confirmed, the NCC will send a business permit for you to display on your kiosk.**

**Parental consent (mandatory) and consent of the young entrepreneur (optional)**

I, \_\_\_\_\_ (full name of parent/guardian), have read and understood the conditions above and hereby give consent for my child to take part in the Sunday Bikedays Young Entrepreneurs Program.

I hereby release the NCC from any claims and liability related to the operation of the business activity or kiosk.

I hereby agree to indemnify the NCC with respect to any claims which may be brought against the NCC related to the operation of the business activity or kiosk.

I agree to exercise appropriate supervision, given the age of the young entrepreneur and other relevant factors.

\_\_\_\_\_  
Parent's or legal guardian's signature

\_\_\_\_\_  
Young entrepreneur's signature (optional)

\_\_\_\_\_  
Date (year/month/day)

**Please submit your completed form to:**

Client Services  
National Capital Commission  
202-40 Elgin Street  
Ottawa ON K1P 1C7

You may scan and email it to [info@ncc-ccn.ca](mailto:info@ncc-ccn.ca).

For questions, please call 613-239-5000 or 1-800-465-1867 (toll-free)