



Granville Island

# EXPRESSION OF INTEREST

Leasing Opportunities on Granville Island

**THIS APPLICATION IS ACCEPTED FOR THE SOLE PURPOSE OF PERMITTING THE LANDLORD TO ASCERTAIN AN APPLICANT'S QUALIFICATIONS AND TO FACILITATE FURTHER NEGOTIATIONS IF WARRANTED.**

APPLICANT NAME:

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BUSINESS NAME:

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ADDRESS:

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CONTACT INFO: TEL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TYPE OF BUSINESS:

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Please include a detailed description of your products and their origin of manufacture on the following page:

IS THIS A FRANCHISE OPERATION? YES NO

**Please complete and email to: [leasing@granvilleisland.com](mailto:leasing@granvilleisland.com)  
or fax attention to Lease Coordinator at: 604 666 7376**

OFFICE USE ONLY:

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DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_



DESCRIBE IN DETAIL THE PRODUCT(S) & ORIGIN OF MANUFACTURE: