



Sales Person: \_\_\_\_\_

www.gotskill.ca

Establishment Name: \_\_\_\_\_

<b>ESTABLISHMENT APPLICATION</b> <i>All information is required. Please fill in complete information.</i>			
<b>CONTACT INFORMATION</b>			
Owner's Name	First:	Last:	
Phone Number	Cell:	Home:	
Driver's License #			
Driver's Lic : Exp Date		DOB (D/M/Y)	
Home Address	# / Street: City:		
Email Address			
Bankruptcy or/& Criminal Conviction			
<b>ESTABLISHMENT INFORMATION / INSTALLATION / TRAINING / OPTIONS</b>			
Name of Establishment			
Doing Business As			
Biz # Address	# / Street: City:		
Phone #:		Fax:	
AGCO Liquor License #:		Liquor License Capacity	
GotSkill POS & Gaming Machines in same room?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Are the machines going to be in-line of sight with bar?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Year Opened?		Years Owned?	
Number of Floors		Number of Entrances	
Security Alarm System Provider and Type			
Stair (Inside or Outside)	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Can we place a wall monitor for digital promos/prizes	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Days/ Hours of Operation			
Best weekday(s) to Install			
Back Entrance Delivery?			
Distance Router to POS			
2 Days & Time for Training			



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NOTES:

**ESTABLISHMENT INFORMATION / INSTALLATION / TRAINING / OPTIONS**

Establishment Gift  
Certificate Option

☐ Yes (will payout Prizes under \$20 in Gift Certificates)

☐ No (will not payout Prizes under \$20 in Gift Certificate, all Prizes in Cash)

BRANCH NAME

BANKING INFORMATION

**ATTACH VOID CHEQUE**

INSURANCE INFORMATION

**ATTACH COPY OF FIRST PAGE OF INSURANCE**

PHOTOS

Cabinet / Bar-Top Location

Attach

POS Location

Attach

Router

Attach

The information on this application is correct. I authorize the person to whom this application is delivered to obtain my credit report from any credit-reporting agency and to contact my bank to establish or verify my financial standing. This information will be used strictly for the purpose of verifying information pursuant to this application. My information will be held in the strictest confidence.

SIGNATURE: \_\_\_\_\_

Please return entire application to:

SBG Inc.

201 Creditview Road, Vaughan, Ontario L4L 9T1

[P] 905.264.4567 (ext. 2) / [C] 416.276.5663

[tonyc@gotskill.ca](mailto:tonyc@gotskill.ca)

**EQUIPMENT REQUESTED**

# Sit Down Cabinets (with chair)

# Stand Up Metal Cabinets (if available)

# of Bar-Tops