

Commercial Activity Submission Form

PLEASE GIVE AT LEAST 4 WEEKS FOR A DECISION. ADDITIONAL INFORMATION
MAY BE REQUIRED TO PROCESS YOUR REQUEST.
PLEASE SEND COMPLETED FORM TO RISK@CARLETON.CA

SPONSORING UNIT: _____

CONTACT NAME FOR SPONSORING UNIT: _____

TELEPHONE: _____ EMAIL: _____

ARE THERE ANY THIRD PARTIES INVOLVED?

☐ YES

☐ NO

If you answered “no”, please skip to the next question. If you answered “yes” please fill out the following,

THIRD PARTIES LEGAL STATUS (ie: corporation, association, etc): _____

BUSINESS ADDRESS: _____

DATE OF ACTIVITY: _____ EXPECTED DURATION OF ACTIVITY: _____

WHAT IS THE PURPOSE OF THE ACTIVITY, AND WHAT IS THE BENEFIT TO THE
UNIVERSITY COMMUNITY: _____

WHAT ARE THE ANTICIPATED REVENUES GENERATED BY THIS ACTIVITY: _____

PLEASE PROVIDE AN OUTLINE OF APPROPRIATE CASH HANDLING
PROCEDURES AND PAYMENT CARD INDUSTRY (PCI) ASSESSMENT (if applicable,
please submit an attachment): _____

IDENTIFICATION OF POTENTIAL RISKS TO THE UNIVERSITY AND UNIVERSITY
COMMUNITY: _____

**IDENTIFICATION OF AN PLANS TO ENSURE COMPLIANCE WITH ALL
APPLICABLE POLICIES AND LAWS (if applicable, please submit a plan):**_____

**PLEASE PROVIDE COPIES OF ALL RELEVANT DOCUMENTS, INCLUDING DRAFT
AGREEMENTS OR PROPOSED TERMS AND CONDITIONS.**

YOUR NAME: _____

TELEPHONE:_____ **EMAIL:**_____

Completed on _____ **(day)** _____ **(month),** _____ **(year)**