

# Community Garden

## Application Form

Town of Whitby Community and Marketing Services Department

500 Victoria Street West, Whitby, ON L1N 9G4

Phone: 905.430.4310

Email: [parks.rec@whitby.ca](mailto:parks.rec@whitby.ca)

Web: [www.whitby.ca](http://www.whitby.ca)



**This application is for the establishment of a Community Garden on lands owned or leased/licensed by the Town of Whitby. I, the undersigned, do hereby acknowledge that our Community Garden Group will adhere to the Community Garden Policy and Procedure.**

### (i) Authorized Group Representative (AGR) Information:

First Name	Last Name	
Phone Number	Email Address	
Community Group Name	Date (dd/mm/yyyy)	
Is this a Community Garden renewal? (circle one)	Yes	No
Signature of AGR	Date (dd/mm/yyyy)	

### (ii) Community Garden Group Core Members

First Name	Last Name	Signature	Address	Phone Number

In the space above, list the names of a minimum of 5 people within the Community Garden Group that are responsible for implementing the Community Garden Policy and Procedure.

**(iii) Community Garden Group participants**

If the Community Garden Group exceeds the minimum requirement, please provide the number of additional members (excluding the five (5) core members)

Number of additional members \_\_\_\_\_

**(iv) Site Plan (Property Information and Site Information)**

Please provide the name and/or address of the site where you are proposed to establish the Community Garden.

Please provide, on a separate sheet, a drawing of the Community Garden showing the exact location on the site, the approximate size of garden, the proposed number of plots\_\_\_\_ and any other structures you intend to construct or place on the land (i.e. fencing, garden shed, compost bin, etc.). Refer to Sections 3.2.7 and 3.2.8 of the Community Garden Procedure. Please consult the Community and Marketing Services Department, Supervisor of Parks Development or designate if you require assistance.

**(v) Commitment to Operate the Community Garden**

Commitment to operate a Community Garden for a minimum 5 years. Refer to the Community Garden Procedure, Section 3.3.

AGR Signature

**(vi) Submit this Application Form to the Town.**

The AGR will be contacted by the CMS, Supervisor of Parks Development or designate.

**I, the undersigned, do hereby acknowledge that we are submitting this form, we are aware that we need to obtain Conditional Approval and then Final Approval in order to develop the Community Garden.**

AGR First Name

AGR Last Name

AGR Signature

Date (dd/mm/yyyy)