 LA JOLLA VILLAGE MERCHANTS ASSOCIATION

**Ribbon Cutting Request**

**Return this form to** [**info@lajollabythesea.com**](mailto:info@lajollabythesea.com) **or call 858.230.2725 for more information**

*Please note that completion of this request form does not schedule your event. Upon completion of this form, you will receive a response from the La Jolla Village Merchants Association discuss your request and complete the scheduling process.*

|  |  |
| --- | --- |
| **Business Name:\*** |  |
| **Business Owner/Manager:\*** |  |
| **City of San Diego Business License Number:\*** |  |
| **Business Start/Opening Date:\*** |  |
| **Business Address:\*** |  |
| **Zip Code:\*** | **92037** |
| **Phone:\*** |  |
| **Email Address\*** |  |
| **Hours of Operation:** |  |
| **Website:** |  |
| **Event Link:** |  |
| **Ribbon Cutting Date/Time**  **Preferred Choice 1:\*** |  |
| **Ribbon Cutting Date/Time**  **Preferred Choice 2:\*** |  |
|  |

***Please list any highlights of your grand opening event (i.e. special guests, sales, food, beverage, entertainment, giveaways, prizes, charity tie-in, etc) (to be used in marketing materials and in event listings):***

|  |  |
| --- | --- |
|  |  |

\* indicates required fields

**www.lajollabythesea.com**

7590 Fay Avenue, Suite 404 | La Jolla, CA 92037 | 858-230-2725