 LA JOLLA VILLAGE MERCHANTS ASSOCIATION

**Ribbon Cutting Request**

**Return this form to** **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**

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