



**EILANDGEBIED ST. MAARTEN
NEDERLANDSE ANTILLEN**

APPLICATION FORM VENDING LICENSE

Type of vending permits:

- Vent / mobile permit**
- Standplaats / stationary permit**
- Standplaats op de markt /
new market place**

Name:

Christian names:

Place and date of birth:

Nationality:

Address:

Telephone number:

Occupation:

Employer:

**Does applicant hold one of the above mentioned permits?
(if yes, Please submit copy)**

- YES**
- NO**



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Does applicant own a business?

<input type="checkbox"/> YES
<input type="checkbox"/> NO

Will applicant conduct the business personally?

<input type="checkbox"/> YES
<input type="checkbox"/> NO

Will applicant employ a helper?

<input type="checkbox"/> YES
<input type="checkbox"/> NO

What goods will applicant be offering

<input type="checkbox"/> Food & Beverages
<input type="checkbox"/> Tourist articles
<input type="checkbox"/> Beach activities
<input type="checkbox"/> Provision

During which days and hours will applicant conduct his/her business?

From _____ day to _____ day ; From _____ o'clock to _____ o'clock

Location / address where he/she will conduct his/her business:

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If applicant is **not the owner** of the relevant property, please indicate the name and address of the owner and submit written permission by the owner that the property can be used for the requested purpose:

Name:
Address:

The above mentioned information has been truthfully submitted.

Philipsburg, _____

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Signature of the applicant

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Name of the applicant