

VENDING LICENSE APPLICATION FORM

Office Use Only: Application #:

Application Information: New Renewal

Date Business Register/Vendor ID# Trader ID#

Applicant: Mr. Mrs. Ms. Other _____

Last Name First Name Middle Initials

Residential Address Parish Postal Code

Mailing Address (if different from above) Parish Postal Code

Home Telephone Work Telephone Cell Number

Email Address Date of Birth ID Type ID Number

Bermudian Yes No If No, Nationality _____

Vending Business Name Vending Business Contact # Vending Business Email

Vending Business Physical Location/Address Years in Business

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Name of Alternative Person Manning Stall Telephone Number Email Address

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What articles or goods do you intend to sell?

Have you ever had a pedlars certificate or vending license revoked/not approved? Yes No

Have you ever been convicted of an offense for fraud, dishonesty, or violence? Yes No

Applicant Signature

Office Use Only:

Approved by: _____ Date _____
Print Name and Sign