



**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**



## EILANDGEBIED ST. MAARTEN NEDERLANDSE ANTILLEN

Does applicant own a business?

YES  
 NO

Will applicant conduct the business personally?

YES  
 NO

Will applicant employ a helper?

YES  
 NO

What goods will applicant be offering

Food & Beverages  
 Tourist articles  
 Beach activities  
 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:

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, \_\_\_\_\_

Signature of the applicant

Name of the applicant