

**APPLICATION FOR A TOURIST VENDOR LICENCE**  
**TO THE BOARD OF DIRECTORS OF THE GRENADA TOURISM AUTHORITY, I HEREBY**  
**APPLY FOR A TOURIST VENDOR LICENCE UNDER THE TOURIST AND BEACH**  
**VENDING ACT NO. 18 OF 2001**

1. NAME: \_\_\_\_\_
2. ADDRESS:- \_\_\_\_\_
3. NATIONAL ID: \_\_\_\_\_ E-MAIL \_\_\_\_\_
4. TELEPHONE NOs:- \_\_\_\_\_ GENDER: (M) \_\_\_\_\_ (F) \_\_\_\_\_

**N: B The Grenada Tourism Authority should be notified of any changes of address and telephone numbers.**

**5. IF YOU EMPLOY PERSONS, STATE NAME OF EMPLOYEE(S):**

- (1) \_\_\_\_\_ (2) \_\_\_\_\_
- (3) \_\_\_\_\_ (4) \_\_\_\_\_

**6. Tick the zone within which you would like to operate:-**

Location	Zone
Burns Point - The Pier	Zone 1
Melville Street	Zone 2
Grand Anse Spice & Craft Market	Zone 5
Fort Frederick	Zone 8
Annandale Waterfall	Zone 9
Grand Etang	Zone 10
Concord Falls	Zone 11

**7. Types of Goods Sold/ Service Provided:-** \_\_\_\_\_

**8. Vendor's Licence Requirements for various categories of Service:-**

Tick (✓) Your Category of Service	Services Offered/Requirements	Valid Health Certificate	Valid Police Record	Certification/Licence	Character Reference
	Beach Chair Operator	✓	✓		✓
	Beach Chair Assistant	✓	✓		✓
	Bar/Food Vendor	✓	✓	✓	✓
	Bar Assistant	✓	✓		✓
	Spice Vendor	✓	✓		✓
	Craft Vendor	✓	✓		✓
	Cloth Vendor	✓	✓		✓
	Hair Braider	✓	✓	✓	✓
	Massage Therapist	✓	✓	✓	✓
	Entertainer	✓	✓		✓
	Souvenir Vendor	✓	✓		✓
	Other (Please Specify)	✓	✓		✓

I hereby apply for a Tourist Vendor's Licence to provide goods/services. Upon approval, I agree to follow the Rules and Conditions set by Grenada Tourism Authority. I understand that I have to renew my Tourist Vending Licence each year as stated on my Licence. I accept responsibility to keep the booth and its environs clean and tidy at all times.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM**

- 1. Valid Health Certificate from Health Clinic or Medical Doctor
- 2. Valid Police Record from Royal Grenada Police Force
- 3. Character Reference from responsible adult (non-relative) e.g., School Principal, Priest, Doctor
- 4. Grenada Bureau of Standards Production of Spice Packages Certificate (if applicable)
- 5. Vendors Governing Rules Received and Signed

**FOR OFFICIAL USE ONLY**

**Name of Vendor:** \_\_\_\_\_

**Receipt Details:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Payment Date:** \_\_\_\_\_

**Paid To:** \_\_\_\_\_

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**Inspection Date:** \_\_\_\_\_ **Date Licensed:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Vendor License Number** \_\_\_\_\_

*Revised October 2nd, 2017*