 **NATIONAL CONSERVATION AUTHORITY**

**APPLICATION FORM FOR VENDOR’S LICENSE**

**DATE** ……………………………….

I ……………………………………………………………………………………………………………………………………………. **of**

**(*Name of person*)**

……………………………………………………………………………………………………………………………………………………

**(*Address***)

Hereby make an application for a …………………….………………………………………………………………………..

*(****Type of vending License)***

Vending License in respect of premises situated at …………………………………………………………………

(***Address of proposed premises***)

NATIONALITY: ……………………. D.O.B:………………... AGE:………… NIC: ………………… SEX: Male/Female

TELEPHONE #: Day ………………………… Night……….………………… EMAIL: ……………………………………………….

DO YOU HAVE ANY BUSINESS EXPERIENCE? (YES) OR (NO)

IF YES, WHAT TYPE OF BUSINESS? …………………………………………………..……………………………………..

HAVE YOU EVER BEEN A VENDOR? (YES) OR (NO)

HAVE YOU EVER BEEN IN POSSESION OF A VENDOR’S LICENSE BY THE NCA? (YES) OR (NO)

IF YES, WHAT LOCATION WAS THE LICENSE FOR? ………………………………………………………………………

IN ORDER OF PRIORITY NAME FOUR LOCATIONS WHERE YOU WOULD LIKE TO OPERATE

1…………………………………………………………………… 2……………………………………………………………………

3…………………………………………………………………… 4……………………………………………………………………

IF ANY ONE OF THE ABOVE LOCATIONS APPLIED FOR IS NOT AVAILABLE, WOULD YOU BE INTERESTED IN ANY OTHER? PLEASE STATE…………..…………………………………………………………………………………………………………

ARE YOU PREPARED TO COMPLY WITH THE RULES AND REGULATIONS OF THE NATIONAL CONSERVATION AUTHORITY?

(YES) OR (NO)

SIGNATURE OF APPLICANT……………………………………………. DATE ……………………….…………………….

**FOR OFFICIAL USE ONLY**

**DECISION/COMMENTS:** ………………………………

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**AUTHORISED SIGNATURE(S)**

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**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE APPROVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENDORS LICENSE NO #\_\_\_\_\_\_**