

#### **Department of Parks**

# COMMERCIAL ACTIVITY IN GOVERNMENT PARKLANDS SUMMER CONCESSIONS 2020

#### APPLICATION FORM

Commercial Activity licenses, for concessions located in Government parklands, are regulated by the Bermuda National Parks Act 1986 and the Bermuda National Parks Regulations 1988.

Applicant's Name Company: Address: Telephone No: Work Home: Cell: Email: Brief description of concession, ie items to be sold, who will be operating the concession (staff names), equipment, etc:

#### List your location options with Option 1 being your most preferred location:

\_\_\_\_\_Option 1\_\_\_\_\_\_Option 2\_\_\_\_\_\_Option 3

#### Do you have experience operating a business? Provide details.

## How would you deliver good customer service when operating a concession?

Have you received services from the Bermuda Economic Development Corporation (BEDC)?

Have you received sponsorship or support from the Bermuda Tourism Authority (BTA)?

Are you a Certified Tourism Ambassador (CTA)?

## COMMERCIAL ACTIVITY LICENCE FEES (per the Bermuda National Parks Amendment (NO. 2) Act 2017

SQUARE FOOTAGE	MONTHLY FEE
All spaces up to 100 sq ft	\$ 100 per month
All spaces between 101 sq ft and 150 sq ft	\$ 150 per month
All spaces between 151 sq ft and 200 sq ft	\$ 200 per month

### **TERMS & CONDITIONS**

- 1. All sections of the Application Form must be completed. Information must be true and accurate.
- 2. Concessionaires must be a minimum of eighteen (18) years old.
- 3. The sale of alcohol and tobacco products is not permitted.
- 4. Successful concessionaires who will be selling prepared food items, snacks and drinks, must consult with the Department of Health to obtain a food license prior to the commencement of operation.
- 5. Successful concessionaires must provide proof of indemnity insurance and shall furnish certificates showing the type, amount, class of operations covered, effective dates, and date of expiration of policies prior to the commencement of operation.
- 6. Successful concessionaires must be current with their payroll tax and social insurance tax.

Applicant (Print Name): \_

Applicant Signature:

Date: \_\_\_\_