



Government of St. Vincent & the Grenadines

Tourist (Duty Free) Shop Operator's Licence Application Form
Tourist (Duty Free) Shopping Act CAP 442 Section 3

1. CONTACT DETAILS OF APPLICANT

Name of Owner/Manager:	
Designation:	
Telephone Number:	Mobile Number:
Email Address:	
Postal Address:	
After Hours Contact / Name:	After Hours Contact / Phone Number (s):

2. CLIENT/COMPANY/BUSINESS – NAME, TIN & CUSTOMS REGISTRATION NUMBER:

Name of Client/Company/Business:	TIN NUMBER:
Do you currently use the Customs Automated System (ASYCUDA)? If yes, please indicate ASYCUDA number in the next box. YES <input type="checkbox"/> NO <input type="checkbox"/>	CUSTOMS REGISTRATION NUMBER:

3. WAREHOUSE/ DUTY FREE SHOP NAME & ADDRESS

Name of Warehouse/Duty Free Shop:
Physical Site Address:
Do you hold a Duty Free Shop/Warehouse Licence? <i>(If yes, please indicate licence number below & attach copy)</i> YES <input type="checkbox"/> NO <input type="checkbox"/> LICENCE NUMBER: _____

4. HEAD OFFICE ADDRESS:

Street Address:

Postal Address:

5. COMPANY MEMBERSHIP *(Persons who participate in the management or control of the Warehouse/ Duty Free Shop)*

Name:	Position:
Name:	Position:
Name:	Position:
Name:	Position:

6. PRIOR EXPERIENCE:

Does the applicant or any of the persons in a position of management & control have any prior experience in the operation of a Customs Warehouse/Duty Free Shop? If yes, please provide a brief outline.

YES NO

7. DESCRIPTION OF GOODS TO BE SOLD: *(See Approved Goods Schedule CAP 442 Section 14 (2))*

Description of Goods	Quantity

8. TOTAL MAXIMUM REVENUE LIABILITY OF GOODS:

What is the estimated maximum revenue liability of goods to be stored in warehouse/duty free shop at any given time?

9. WAREHOUSE ACTIVITIES: *(Please list)*

Please indicate your proposed activities to be undertaken should a warehouse/duty free shop licence be granted.

8. STORAGE OF DUTY FREE GOODS:

How will the duty free goods be stored?

9. STANDARD OPERATING PROCEDURES (SOPs) :

Do you have documented SOPs in place that may be available upon request by Customs?

YES NO

I hereby declare that I have completed all information on the application form and supplied the necessary attachments as outlined above. I also declare that all information and attachments provided in relation to the Tourist (Duty Free) Shopping Act CAP 442 is true and correct.

Name:

Position

Signature

Date

FAILURE TO COMPLY WITH THE CUSTOMS LAWS AND REGULATIONS OR MAKING FALSE DECLARATIONS TO CUSTOMS MAY RESULT IN PENALTIES INCLUDING FINES OR REVOCATION OF LICENCE.

FOR OFFICIAL USE ONLY

DATE OF APPLICATION: _____

LICENCE NUMBER: _____

DATE OF ISSUE: _____

Approval Granted:

Comptroller of Customs and Excise

Official Stamp

Date of Approval