

APPLICATION FOR TENANCY AT THE FERRY TERMINAL

The accuracy of the responses below is important to the assessment of your suitability to be recommended as a tenant within the Pelican Mall. Failure to give honest responses may result in termination of your application.

(1) Name of Applicant: _____

(2) Address (No P.O.Box): _____

(3) Tel/ Cell Number: _____

(4) E-mail Address: _____

(5) If Applicant is not the owner, please provide owner's name and contact details below.

(a) Name of Owner: _____

(b) Address: _____

(c) Tel/ Cell Number: _____

(d) E-mail Address: _____

(6) Do you already occupy any space managed by the Ministry of Tourism? Yes _____ No _____

If yes, state the name of the facility. _____

How long have you been a tenant? _____

(7) List the products/services you wish to sell.

(8) Will you be employing staff? Yes _____ No _____

If yes, how many? _____

(9) I declare that the above information is correct. _____
Signature of Applicant Date

For Official Use Only

Recommended ☐

Not Recommended ☐

Comments: _____

Name of Authorising Officer: _____
Position: _____

Signature: _____
Date: _____