



Government of Antigua & Barbuda

## Duty-Free Shop Licence Application Form

### Customs (Duty-Free Shopping) Act

### Cap. 127 Section 6

Ref: Duty-Free Operator's Licence No:

#### 1. Contact Details for Application

Name of Owner/Manager:	
Designation:	
Phone Number:	Mobile Number:
Email Address:	
Postal Address:	

#### 2. Client/Company/Business Name


#### 3. Client/Company /Business TIN

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#### 4. Warehouse/Duty Free Shop Name


**5. Physical Site Address**

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**6. After Hours Contact**

Name:
Phone Number:

**7. Head Office Address**

Street Address:
Postal Address:

**8. Operator's Licence**

Do you have an Operator's Licence: <i>(If yes, please state below and attach a copy of the licence)</i>		
<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Licence Number: _____		

**9. Property Owner/Landlord**

Name of Property Owner/Landlord:	
Address:	
Phone Number:	Mobile Number:
Email Address:	
Postal Address:	

**10. State the name of the Landlord of the premises and please attach a copy of the tenant's agreement**

Name:	Tel no:
Name:	Tel no:

**11. Who are the owners of the goods**


**12. Does anyone else have interest in the Duty Free/Warehoused Goods: (If yes, please state the names of the person/entity)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**I hereby declare that I have supplied all information in the application form and attachments as outlined above.**

**I also declare that all the information provided above and relevant attachments in relation to the Customs (Duty Free Shopping) Act Cap 127 application are true and correct.**

Name:
Position:
Signature:
Date: