



Government of Antigua & Barbuda

**Duty-Free Shop and Warehouse Operator's Application Form**  
**Customs (Duty-Free Shopping) Act**  
**Cap. 127 Section 6**

Ref: Duty-Free Shop 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**

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**3. Client/Company/Business TIN**

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

Do you have a Duty Free Shop/Warehouse 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: _____

**5. Physical Site Address**

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**6. After Hours Contact**

Name:
Phone Number:

**7. Head Office Address**

Street Address:
Postal Address:

**8. Customs Automated System Registration**

Do you currently produce your entries on the Customs Automated System? <i>(Please tick)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Company Membership and Persons who participate in the Management or Control of the Warehouse.**

Name:	Position:
Name:	Position:
Name:	Position:
Name:	Position:
Name:	Position:
Name:	Position:
<b>If space is insufficient, please attach extra pages</b>	

**10. Prior Experience**

Does the applicant or any of the persons nominated in a position of management or control have any prior experience in the operation of a Customs Warehouse/Duty Free Shop?  
(Please tick)

Yes

No

If yes, please provide a brief outline:

If space is insufficient, please attach extra pages

**11. Description of Goods to be sold**

Description of Goods:	Quantity:
Description of Goods:	Quantity:
Description of Goods:	Quantity:
Description of Goods:	Quantity:
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Description of Goods:	Quantity:

**12. What is the estimated maximum revenue liability for the goods that will be stored in the warehouse/duty free shop at any one time:**

**13. Warehouse Activities (please list)**

Indicate the activities you propose to undertake should the warehouse/duty free shop licence be approved:

- 1.
- 2.
- 3.
- 4.
- 5.

If space is insufficient, please attached extra pages

**14. Storage of Duty Paid/Free Goods**

Do you wish to store duty paid/duty free goods within the area to be licensed as a Customs warehouse/duty free shop? *(Please tick)*

Yes

No

**15. Duty Free Shops**

Are you applying for permission to operate as duty free shop? *(Please tick)*

Yes

No

If yes, please indicate the type of duty free shop you propose to operate:

On-Airport Inwards

On-Airport Outwards

On-Airport In/Out

Off-Airport

**16. Storage of excisable goods (EEGs)**

Will you be storing excisable goods? *(Please tick)*

Yes

No

If yes, please indicate if you have the required licence/s granted by Antigua Customs & Excise Division:

Yes

No

**17. Quality Management System**

Do you have a certified Quality Management System? *(Please tick)*

Yes

No

If yes, please indicate what standard you are using:

**18. Standard Operating Procedures (SOPs)**

Do you have documented SOPs in place that may be available upon request by Customs and Excise? *(Please tick)*

Yes

No

**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:

**FAILURE TO COMPLY WITH CUSTOMS LAWS AND REGULATIONS WILL RESULT IN FINES, PENALTIES OR REVOCATION OF LICENCE, FORTHWITH.**

<b><i>FOR OFFICIAL USE ONLY</i></b>	
DATE APPLICATION WAS RECEIVED: _____	
LICENCE No: _____	Date of Issue: _____
Approval Granted:	<i>Official Stamp</i>
_____	
COMPTROLLER OF CUSTOMS	
Date of Approval: _____	