



DEPARTMENT OF SPORTS, PARKS & RECREATION
GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES



OFFICE OF THE COMMISSIONER
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VENDOR'S APPLICATION FORM

The following is for vending on property that is under the jurisdiction of the Department of Sports, Parks and Recreation.

Date: _____

Name: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Telephone No: (H) _____ (C) _____ (O) _____

Describe the type of service to be provided and description of the type of item to be sold:

Indicate 1st proposed site for vending: _____

Indicate 2st proposed site for vending: _____

Please answer the following:

Circle appropriate answer.

- | | | |
|---|-----|----|
| 1. Do you have a Vendor's License? | Yes | No |
| 2. Do you represent an existing business Establishment that is not your own Vending business? | Yes | No |
| 3. Is vending your full-time business? | Yes | No |
| 4. Do you have a health permit health card? (If Applicable) | Yes | No |