



GOVERNMENT OF BERMUDA  
Ministry of Public Works

**Department of Parks**

**COMMERCIAL ACTIVITY IN GOVERNMENT PARKLANDS  
SUMMER CONCESSIONS 2024**

**APPLICATION FORM**

Commercial Activity licenses, for concessions located in Government parklands, are regulated by the Bermuda National Parks Act 1986 and the Bermuda National Parks Regulations 1988.

Applicant's Name \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: Work \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Brief description of concession, ie items to be sold, who will be operating the concession (staff names), equipment, etc:**

**List your location options based on those available with Option 1 being your most preferred location:**

\_\_\_\_\_ Option 1 \_\_\_\_\_ Option 2 \_\_\_\_\_ Option 3

**Do you have experience operating a business? Provide details.**

**How would you deliver good customer service when operating a concession?**

**Have you received services from the Bermuda Economic Development Corporation (BEDC)?**

**Have you received sponsorship or support from the Bermuda Tourism Authority (BTA)?**

**Are you a Certified Tourism Ambassador (CTA)?**

**COMMERCIAL ACTIVITY LICENCE FEES**  
**(per the Bermuda National Parks Amendment (NO. 2) Act 2017)**

SQUARE FOOTAGE	MONTHLY FEE
All spaces up to 100 sq ft	\$ 100 per month
All spaces between 101 sq ft and 150 sq ft	\$ 150 per month
All spaces between 151 sq ft and 200 sq ft	\$ 200 per month

**TERMS & CONDITIONS**

1. Concessionaires must be a least eighteen (18) years old.
2. All sections of the Application Form must be completed. Information must be true and accurate.
3. The sale of alcohol and tobacco products is not permitted.
4. Successful applicants must provide proof of indemnity insurance and current status of payroll tax and social insurance tax.
5. All applications must be attached to a proper business proposal. This must include what the concessionaire will operate from (table, pop-up tent, trailer, etc.), photos of business set-up and products to be sold, business name, operating days and hours, and any other relevant information.

**Applicant (Print Name):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_