



# ST.VINCENT AND THE GRENADINES PORT AUTHORITY

## APPLICATION FOR USE OF CRUISE SHIP & FERRY TERMINAL FACILITIES

Please fill and return by Fax to: (784)-456-2732

Name of Applicant.....  
(BLOCK LETTERS)

Date..... / ..... / .....  
(Day-Month-Year)

<b>Promoter/Organizer</b>				
<b>Type of Function</b>				
<b>Planned Date &amp; Start Time of Function</b>		<b>Date:</b>	<b>Starting Time:</b>	
<b>Planned Duration (<i>Tick the relevant box</i>)</b>		1 – 3 Hours	4 – 6 Hours	
		7 – 9 Hours	10 Hours+	
<b>Rentals (optional)</b>		<b>Type</b>	<b>Rate</b>	<b>Quantity</b>
		Tables	\$ 15	
		Chairs	\$ 3	
		Tarpaulin(s)	\$ 150	
<b>Applicant's Contact Details</b>		<b>Phone</b>		
		<b>Mobile</b>		
		<b>Fax</b>		
		<b>Email</b>		

**Conditions of Service:**

I understand that approval is subject to acceptance of the Terms and Conditions (“*Contract for the Use of the Cruise Ship & Ferry Terminal Facilities*”) and I undertake to meet promptly the charges raised for these services and to be liable for any damage caused to any property or equipment of the Port Authority that may be utilized during the event.

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Signature of Applicant