

DOCKYARD VENDOR APPLICATION FORM



THE WEST END
BERMUDA

PERSONAL INFORMATION

Business: _____ Name: _____

Physical Address: _____

Photo ID: License Number: _____ Or Passport Number: _____

Date of Birth: _____ Status: Bermudian Spouse of a Bermudian

Email: _____ Telephone: _____

I acknowledge that WEDCo. will use this email address for all communications.

PRODUCT/SERVICE INFORMATION

Application Attachments: Product/Service Photographs Presentation/Stall Photographs/Illustrations

Product/Service Category: Clothing/Accessories Health & Body Consumables
 Handmade, Artisan Non-Profit/Charity Other

Requested Lease Time: May, June & July August, September & October May to October

Do you intend to pay the entire requested lease time up-front in order to receive the corresponding discount?: Yes No

Product/Service Description: _____

Product/Service Pricing Description: _____

Does your product/service reflect traditional Bermudian Heritage or educate consumers on Bermuda?: Yes No

If Yes to the above, please explain: _____

Do you have any previous Bermudian market experience with this product/service?: Yes No

If Yes to the above, please explain: _____

Have you been a vendor in Dockyard before?: Yes No If so, when: _____

PRODUCT/SERVICE INFORMATION CONTINUED...

Is product/service produced or created entirely in Bermuda?: Yes No

If No to the above, please explain: _____

Is product/service appropriate for viewing/participation by all ages and demographics?: Yes No

If No to the above, please explain: _____

Is your product/service unique and able to positively contribute to the overall Dockyard experience?: Yes No

If Yes to the above, please explain: _____

Please provide a short description on how you plan to present/showcase your product/service:

Will your product/service and stall/presentation have any environmental impacts WEDCo. should be aware of?: Yes No

If Yes to the above, please explain: _____

INFORMATION & TERMS

Please read and check each if understood. If a lease is awarded, Terms of Vendor Participation are, but are not limited to:

- I understand the fee is \$500 payable monthly in advance.
- I understand an initial \$500 refundable deposit is required.
- I understand that non-negotiable core hours of operation are 10am to 4pm daily when cruise ships are in port.
- I understand it is the vendor's responsibility to monitor the cruise ship schedule changes.
- I understand that it is the vendor's responsibility to ensure all appropriate licenses are acquired before lease commences.

Signature: _____ Date: _____