APPLICATION FORM

TO: MUNICIPALITY OF SERIFOS

SUBJECT: AUTHORIZATION FOR USING PUBLIC SPACE

FROM:		
LAST NAME:		
FIRST NAME:		
FATHER'S NAME:		
MOTHER'S NAME:		
VAT NUMBER:		
DATE OF BIRTH:		
RESIDENCE:		
POSTAL CODE:		
IDENTIFICATION		
NUMBER:		
PHONE NUMBER:		
EMAIL ADDRESS:		
	I will be imposed a fine, if my table seats or go for whom I have not pay the relevant legal ren	
Attached supporting doci	iment as below:	
A. Topographic mapping, i	n which should be included the limits of the ar	ea occupied with coordinates.
		r
B. Photocopy of an identit	y document.	
		Date: / /202
		The applicant