



**THE AGRICULTURAL SOCIETY OF KENYA,
MOMBASA INTERNATIONAL SHOW**
P. O. Box 82828 – 80100, Mombasa, Kenya.
Tel: +254 722 556 383 / +254 732 462 891
Wireless: +254(41)4471818 /+254(41)4471849
Email: mombasa@ask.co.ke; Website: www.ask.co.ke

Form No.:

CATERING CONCESSION APPLICATION FORM

1. Full name(s) of applicant(s) in block letters:
.....
Partner(s) if any.....
Address.....
Telephone No
- Signature.....Date.....
2. We apply for a concession to operate: -
 - a) Bar (KShs. 55,000+VAT).....
 - b) Restaurant (KShs 60,000+VAT).....
 - c) Bar & Restaurant (KShs. 80,000+VAT).....
 - d) Food Kiosk/Catering Unit
Small (KShs. 20,000+VAT) Medium (KShs. 30,000+VAT) Large (KShs. 40,000+VAT)
 - e) Ice Cream Depot/Selling points (KShs. 15,000+VAT)
3. We hereby certify that we run catering business with Mombasa County Government situated on: -
Plot No.....Street/Town.....
License No.....Estate/Town.....
(Attach a photocopy of your current Mombasa County Catering license)
4. Have you run a catering establishment at a previous Mombasa International Show?
For how many years..... Alone.....
Name of partner.....
Did you make a profit? Yes No
Give Reason(s) Why you think you made or did not make a profit
.....

IMPORTANT NOTES:

1. **The completed form should be returned to us not later than 24th August 2026**
2. **Applicants are required to pay non-refundable fee of KShs. 1,000**
3. **Applicants are required to clear with the County Public Health Officers**
4. **Applicants are required to purchase daily entry tickets for their personnel**

ACCEPTABLE MODES OF PAYMENT:

1. PLEASE NOTE that the Society strictly **DOES NOT ACCEPT** cash payments.
2. The following are the acceptable modes of payments; **Direct Deposit** to our bank account at KCB, Treasury Square Mombasa; OR **EFT** Swift Code KCB LKENX Account number **110 643 6849** OR **Bankers Cheque** drawn in favour of **"A.S.K MOMBASA BRANCH"** OR **MPESA** Paybill Number **468981** and Account Name is **your company name**.

(FOR OFFICIAL USE ONLY)

Concession granted/refused.....
Special conditions (if any).....

Signed by: Branch Manager

.....Date.....