

APPLICATION FOR BUSINESS LICENCE

IN ACCORDANCE WITH SECTION 7 OF THE LICENSING OF BUSINESSES ACT, 2021

| |
|-----------------------------|
| OFFICIAL USE ONLY |
| APPROVAL STAMP |
| Annual Licence Fee: _____ |
| Prorated Licence Fee: _____ |
| ISIC Coding: _____ |
| Date: _____ |

Please complete all applicable sections of the form and attach the required documents where requested.

1. BUSINESS INFORMATION

A. BASIC DETAILS

| NAME OF BUSINESS(ES) | TYPE OF BUSINESS ACTIVITY | LOCATION OF BUSINESS |
|----------------------|---------------------------|----------------------|
| | | |
| | | |
| | | |

a.1. Name of property owner if different to owner of business

If premise is rented, please attach Lease Agreement

a.2. Premise approved by Department of Physical Planning **Yes()** **No()**

Please attach approval letter

a.3. Do you own any other licensed business (es)? **Yes()** **No()**

If so, please state business name, activity and location

.....

a.4. Is this your first application in relation to this business? **Yes()** **No()**

If it is not, explain reason for this application

.....

B. STRUCTURE OF BUSINESS:

Please attach the required information

| | |
|---|---|
| <input type="checkbox"/> Individual/Sole Proprietor | |
| <input type="checkbox"/> General Partnership | a) Partnership Agreement |
| <input type="checkbox"/> Limited Partnership | a) Certificate of Registration b) Annual Return (<i>If Incorporated for a year or more</i>) c) Beneficial Owner(s) |
| <input type="checkbox"/> Company | a) Certificate and Articles of Incorporation b) Register of Shareholders and Directors c) Annual Return (<i>If Incorporated for a year or more</i>) d) Beneficial Owner(s) |

C. EMPLOYEE INFORMATION:

- c.1. Will applicant be employed in the business? Yes No
- c.2. If yes, in what capacity _____
- c.3. Number of persons you intend to employ _____
- c.4. Indicate categories and number of employee
 Managerial _____ Skilled labour _____
 Supervisors _____ Unskilled labour _____

D. ACCOMMODATION BUSINESS

d.1. If hotels/villas, etc. number of rooms and rates charged

| PERIOD | SINGLE ROOM | | DOUBLE ROOM | | VILLA/ UNIT | |
|--------------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| | Number of Rooms | Nightly Room Rate | Number of Rooms | Nightly Room Rate | Number of Rooms | Nightly Room Rate |
| Oct. - April (Winter) | | \$ | | \$ | | \$ |
| May - September (Summer) | | \$ _____ | | \$ _____ | | \$ _____ |

d.2. If apartment(s)

| TERM | NO. OF BUILDINGS | NO. OF UNITS | IF SHORT TERM NIGHTLY ROOM RATE |
|-------------------------------------|------------------|--------------|---------------------------------|
| Short Term <input type="checkbox"/> | | | |
| Long Term <input type="checkbox"/> | | | |

E. MERCHANTING

- E1. Please specify type of Merchant:
 a) Supermarket b) Department Store (including furniture and boutiques)
 c) Wholesale/Hardware
- E2. Indicate opening stock for value of goods: _____

F. SOURCE OF FINANCING:

- (i) Personal ()
 (ii) Loan ()
 (iii) Other, please specify ().....

2. PERSONAL INFORMATION

The following information should be completed by the applicant(s). *In the case of a company or limited partnership this must be completed by each director, shareholder or partner as applicable. (If more than two (2) applicants are applying, please attach personal information separately).*

| | | |
|-------------------------|-------------------------------------|--|
| FULL LEGAL NAME | | MOBILE #: () |
| PHYSICAL ADDRESS | | P.O. BOX: |
| DATE OF BIRTH | PLACE OF BIRTH | NATIONALITY |
| SOCIAL SECURITY NUMBER: | EMAIL: | |
| STATUS IN ANGUILLA: | <input type="checkbox"/> ANGUILLIAN | <input type="checkbox"/> NON-ANGUILLIAN: (please specify) |
| | | <input type="checkbox"/> WORK PERMIT SELF-EMPLOYED <input type="checkbox"/> CIVIL SERVANT |

| | | |
|-------------------------|-------------------------------------|--|
| FULL LEGAL NAME | | MOBILE #: () |
| PHYSICAL ADDRESS | | P.O. BOX: |
| DATE OF BIRTH | PLACE OF BIRTH | NATIONALITY |
| SOCIAL SECURITY NUMBER: | EMAIL: | |
| STATUS IN ANGUILLA: | <input type="checkbox"/> ANGUILLIAN | <input type="checkbox"/> NON-ANGUILLIAN: (please specify) |
| | | <input type="checkbox"/> WORK PERMIT SELF-EMPLOYED <input type="checkbox"/> CIVIL SERVANT |

3. REPRESENTATIVE INFORMATION *(if different to applicant)*

| |
|--|
| RELATIONSHIP TO THE BUSINESS/BUSINESSES YOU ARE APPLYING FOR <input type="checkbox"/> AGENT <input type="checkbox"/> MANAGER <input type="checkbox"/> LAWYER <input type="checkbox"/> OTHER |
| NAME OF COMPANY: |
| NAME OF CONTACT PERSON: |
| COMPANY ADDRESS : |
| PHONE: () FAX: () E-MAIL: |

I certify that the information provided is true to the best of my knowledge, information and belief. I understand that if any information provided in this form or supporting document contains any material misinformation or false statement, the licence will not be granted. Further, I understand that the grant of the licence is within the discretion of the Business Licensing Board.

| | |
|--|----------------------|
| Print Name of Applicant/ Representative: | |
| Signature of Applicant/ Representative: | Date: dd / mm / yyyy |

REQUIRED DOCUMENTS

| All applicants: | Required format* | |
|--|------------------|--------------------------|
| Passport (Biodata page) | Original | <input type="checkbox"/> |
| Belonger Status (<i>if applicable</i>) | Original | <input type="checkbox"/> |
| Tax Clearance Certificate | Original | <input type="checkbox"/> |
| Business Licence application fee receipt | Original | <input type="checkbox"/> |
| Business Plan (template attached). | | <input type="checkbox"/> |
| Non Anguillian applicants: | | |
| Three (3) Character Reference Letters | Original | <input type="checkbox"/> |
| A Reference Letter from Financial Institution and Statement of Financial Ability | Original | <input type="checkbox"/> |
| Police record | Original | <input type="checkbox"/> |

*Certified copies may be accepted.

Other documents may be requested based on the type of business activity applicant(s) is/are applying for.

FOR OFFICIAL USE ONLY

MINISTRY OF COMMERCE

Documents Checked and Copied

| | | | |
|---|--------------------------|--------------------------------------|--------------------------|
| Passport | <input type="checkbox"/> | Resumé/ CV | <input type="checkbox"/> |
| Belongers Status Certificate | <input type="checkbox"/> | Lease Agreement | <input type="checkbox"/> |
| Financial Ability/Reference Letter | <input type="checkbox"/> | Company Documents | <input type="checkbox"/> |
| Character Reference Letters | <input type="checkbox"/> | Limited Partnership Documents | <input type="checkbox"/> |
| Qualifications/Certificates | <input type="checkbox"/> | Partnership Agreement | <input type="checkbox"/> |
| Reference Letters of Experience | <input type="checkbox"/> | Application Fee Receipt | <input type="checkbox"/> |
| Police Record | <input type="checkbox"/> | Tax Clearance Certificate | <input type="checkbox"/> |
| Business Plan (Template Attached) | <input type="checkbox"/> | Health Protection Inspection | <input type="checkbox"/> |
| Physical Planning Approval Letter | <input type="checkbox"/> | Other | <input type="checkbox"/> |