



# GOVERNMENT OF ANGUILLA



## INLAND REVENUE DEPARTMENT

TRADES, BUSINESS, OCCUPATIONS AND PROFESSIONS LICENSING ACT T40 2002

### 2021

### RENEWAL OF BUSINESS LICENCE APPLICATION

#### **Applicant Information**

1. Name of Applicant / Owner: \_\_\_\_\_  
 Belonger                       Non-Belonger
2. Taxpayer Identification Number (TIN) #: \_\_\_\_\_
3. Address of Applicant: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Business Details**

6. Name of Business: \_\_\_\_\_  
 Primary Business                       Secondary Business
7. Commercial Registry # \_\_\_\_\_ Enterprise #: \_\_\_\_\_
8. Type of Business Activity, Trade, Occupation or Profession: \_\_\_\_\_
9. Address of Registered Location or Place of Business: \_\_\_\_\_
10. Telephone #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
11. Website: \_\_\_\_\_ Email: \_\_\_\_\_
12. Property Tax ID: \_\_\_\_\_
13. Name of Property Owner: \_\_\_\_\_
14. Name of Landlord (If premise is rented): \_\_\_\_\_
15. Number of Commercial Vehicles registered to Business: \_\_\_\_\_
16. Vehicle Registration numbers assigned to Business: \_\_\_\_\_
17. Number of Employees \_\_\_\_\_
18. Average Value of Stock **(If Merchant)**: \_\_\_\_\_  N/A
19. Restaurant Type \_\_\_\_\_  N/A  
*(Please select from the list below)*
  - a. **Hotel, Villa or Guest House Location**
  - b. **International Cuisine (other than local or Caribbean)**
  - c. **Local or Caribbean Cuisine**
  - d. **Mobile Restaurant**
20. Number of Bedrooms **(If Hotel, Villa, Landlord Etc.)**: \_\_\_\_\_ at \$ \_\_\_\_\_  N/A  
*(rate per night)*
21. Number of Clients **(If Daycare Centre)**: \_\_\_\_\_  N/A

**Authorized Representative Information**

(See attached information sheet for guidance on how to assign representatives)

1. **Representative Name:** \_\_\_\_\_  
Reason for Representation:  Request of Business Owner  Owner is a Non-Resident  
Type of representative:  Basic or  General  
Tax Representation:  ISL  Accommodation Tax  Business Licence  
Contact #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Representative Signature: \_\_\_\_\_

**NB: Only ONE representative (either basic or general) can be assigned to the same tax type.**

2. **Representative Name:** \_\_\_\_\_  
Reason for Representation:  Request of Business Owner  Owner is a Non-Resident  
Type of representative:  Basic or  General  
Tax Representation:  ISL  Accommodation Tax  Business Licence  
Contact #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Representative Signature: \_\_\_\_\_

3. **Legal Representative Name:** \_\_\_\_\_  
Reason for Representation:  Request of Business Owner  Owner is a Non-Resident  
Contact #: \_\_\_\_\_ Email address: \_\_\_\_\_  
Representative Signature: \_\_\_\_\_

**DECLARATION: I solemnly declare that (1) the information provided is true and accurate. (2) There has been no change in the ownership/ shareholding of the business since the licence was granted.**

**Owner's Signature** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

- NB: \*\* ALL Representatives must be registered**
- \*\* ALL Companies bearing the suffix LLC. , Inc., Ltd. , please attach a copy of your company's Article of Incorporation or Annual Filing Returns (if operating for a period of one (1) year or more)**
- \*\* ALL Businesses operating as a Partnership or Joint Venture, please attach a copy of your partnership agreement for verification and accuracy of registration.**
- \*\* If the business is no longer active, please complete an Application for Closure Form.**
- \*\* ALL outstanding arrears should be paid before the issuance of a Business Licence Certificate for 2021.**
- \*\* ALL other relevant Government fees and licences must be up-to-date and valid including Liquor Licences, Food Premises and Food Handlers Licences/ Fire Prevention Certificate of Compliance/ and Work Permits.**

**OFFICIAL USE ONLY:**

**Received by:**  
Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Captured by:**  
Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Document Number: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_  
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