## FORM A APPLICATION FOR BUSINESS LICENCE IN ACCORDANCE WITH SECTION 5 OF THE TRADES BUSINESSES, OCCUPATIONS AND PROFESSIONS LICENSING ACT T40 OF 2000.

## **To the Permanent Secretary**

1. I/We, the undersigned person(s)	do hereby	apply for	a business	licence to	operate	the
following business activities:	_				•	

Name of Business	Type of Business	<b>Location (Full Address)</b>

b. Form of Business:		
<ul><li>(i) Individual/Sole Proprietor ()</li><li>(ii) Partnership/Joint Venture ()</li><li>(iii) Company ()</li></ul>		
PERSONAL HISTORY		
2. The following information should be furnished by the Applicant(s)		
a. Full Name		
b. Postal Address.		
c. Date of Birth d. Place of Birth		

e. Nationality	f. Social Security No
g. Status in Anguilla	
(i) Belonger	()
(ii) Non-Belonger	()
h. Telephone #:	
(i) Home	
(ii) Work	
(iii) Fax	
(iv) Email	
1. Relationship to the busin	ness/businesses you are applying for
	(Owner, Manager, Agent, Lawyer, etc)
	Company Information
3.	
a. Percentage of shares held	d by:
(i) Citizen/Belonger	(ii). Non-Belonger
b. If Firm or Corporation:	
(i) Date of incorporation	n
(ii) Officer(s) of the Co	ompany (Chairman, Secretary, Directors)
1)	
2)	
<i>2)</i>	
3)	
4)	
· <i>J</i> ·······	

c. Shareholders:		
Names		Nationality
` '	nager/If other than licensee, office	er or employees of business firm or
If foreign based,	name and address of foreign com	npany:
(e) Business Det	eails:	
(i) Number of pe	rsons you intend to employ	
(ii) If merchant,	provide Floor Space (sq. ft.) to be	e used
	average value of stock \$US/EC . ailed Schedule of Opening Stock)	
(iv) If hotels, nur	mber of rooms and rates charged	
(f) Source of fina	nncing:	
(i) Personal (ii) Bank (iii) Other	() () ()	
Signature of App	licant	
Data		

Note: For persons not having belonger status, two character references, a statement of financial ability and Police record must be submitted. Business Plans will be required depending on nature of business.

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1. License fee paid		
2. Date:		
3. Receipt #		
4. Business Licence	e#	
5. Replacement Fe	e	
6. Processing Fee		
		Signature of Official
		Date: