ANGUILLA

REVISED REGULATIONS OF ANGUILLA

under

LICENSING OF BUSINESSES ACT
R.S.A. c. L57

Showing the Law as at 31 December 2022

This Edition was prepared under the authority of the Revised Statutes and Regulations Act, R.S.A. c. R55 by the Attorney General as Law Revision Commissioner.

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LICENSING OF BUSINESSES (FORMS) REGULATIONS *Revises R.A. 1/2022, in force 1 January 2022*	R.R.A. L57-1 *(31/12/2022)*	3

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Revised Regulations of Anguilla: L57-1

LICENSING OF BUSINESS ACT (R.S.A. c. L57)

LICENSING OF BUSINESSES (FORMS) REGULATIONS

Note: These Regulations are enabled under sections 7(1) and 26 of the Licensing of Business Act, R.S.A. c. L57.

Application Form

1. An application for a licence under the Licensing of Businesses Act shall be in the Form specified in Schedule 1.

Renewal Form

2. An application to renew a licence under the Act shall be in the Form specified in Schedule 2.

Citation

3. These Regulations may be cited as the Licensing of Businesses (Forms) Regulations, Revised Regulations of Anguilla, L57-1.

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SCHEDULE 1

(Section 1)

APPLICATION FOR BUSINESS LICENCE
IN ACCORDANCE WITH SECTION 7 OF THE LICENSING OF BUSINESSES ACT

OFFICIAL USE ONLY
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 premises are rented, please attach Lease Agreement

A.2. Premises 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
□	Individual/Sole Proprietor	
□	General Partnership	a) Partnership Agreement
□	Limited Partnership	a) Certificate of Registration b) Annual Return (*If Incorporated for a year or more)* c) Beneficial Owner(s)
□	Company	a) Certificate and Articles of Incorporation b) Register of Shareholders and Directors c) Annual Return (*If Incorporated for a year or more*) d) Beneficial Owner(s)

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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 employees 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 - Sept (Summer)		$		$		$

D.2. **If apartment(s)**

TERM	NO. OF BUILDINGS	NO. OF UNITS	IF SHORT TERM NIGHTLY ROOM RATE
Short Term □			
Long Term □			

E. MERCHANTING

E.1. Indicate the value of goods for opening stock in EC$ _____

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 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 on a separate sheet of paper).*

FULL LEGAL NAME:	MOBILE #: ( )
PHYSICAL ADDRESS:	P.O. BOX:

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DATE OF BIRTH:	**PLACE OF BIRTH:**	**NATIONALITY:**
SOCIAL SECURITY NUMBER:	**EMAIL:**	
STATUS IN ANGUILLA: ☐ ANGUILLIAN	☐ NON-ANGUILLIAN: (please specify)	☐WORK PERMIT SELF-EMPLOYED ☐ 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: ☐ ANGUILLIAN	☐ NON-ANGUILLIAN: (please specify)	☐WORK PERMIT SELF-EMPLOYED ☐ CIVIL SERVANT

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

RELATIONSHIP TO THE BUSINESS/BUSINESSES YOU ARE APPLYING FOR ☐ AGENT ☐MANAGER ☐LAWYER ☐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	☐
Tax Clearance Certificate	Original	☐
Business Licence application fee receipt	Original	☐
Business Plan (template attached).		☐

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Non Anguillian applicants:		
Three (3) Character Reference Letters	Original	☐
A Reference Letter from Financial Institution and Statement of Financial Ability	Original	☐
Police record	Original	☐

*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	☐	**Resumé/ CV**	☐
Belongers Status Certificate	☐	**Lease Agreement**	☐
Financial Ability/Reference Letter	☐	**Company Documents**	☐
Character Reference Letters	☐	**Limited Partnership Documents**	☐
Qualifications/Certificates	☐	**Partnership Agreement**	☐
Reference Letters of Experience	☐	**Application Fee Receipt**	☐
Police Record	☐	**Tax Clearance Certificate**	☐
Business Plan (Template Attached)	☐	**Health Protection Inspection**	☐
Physical Planning Approval Letter	☐	**Other**	☐

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SCHEDULE 2

(Section 2)

APPLICATION TO RENEW BUSINESS LICENCE

IN ACCORDANCE WITH SECTION 10 OF THE LICENSING OF BUSINESSES

GOVERNMENT OF ANGUILLA

RENEWAL OF BUSINESS LICENCE APPLICATION

Applicant Information

1. Name of Applicant / Owner: _____
   ☐ Anguillian ☐ Non-Anguillian
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: _____
9. Address of Registered Location or Place of Business: _____
10. Telephone #: _____ Mailing Address: _____
11. Website: _____ Email: _____
12. Name of Landlord (If premises are rented): _____
13. Number of Commercial Vehicles registered to Business: _____
14. Vehicle Registration numbers assigned to Business: _____
15. Number of Employees: _____
16. Total Annual Turnover $EC: _____
17. Average Value of Stock $EC (If goods are held for resale): _____

Select the Appropriate Class (Online and/or Physical) which applies:

Class A: Basic Retail Licence
(Supermarkets, Mini Markets, Mobile/ Street Vendors) ☐
Class B: Department Stores, Boutiques, Furniture, Retail Other ☐
Class C: Hardware & Wholesale ☐

18. 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***

19. Number of Bedrooms ***(If Hotel, Villa, Landlord Etc.):*** _____ at $_____ ☐ N/A
(rate per night)
20. Number of Clients ***(If Daycare* Centre)**: _____ ☐ N/A

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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. **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 the information provided is true and accurate and that there has been no change in the following:

a) **Ownership /Shareholding/ Authorized Representatives**
b) **Activities**
c) **Location**
d) **Qualifications of any persons conducting a Trade or Profession under a Sole Proprietorship, or**
e) **Any other circumstances which may affect the conditions on which the business licence was granted.**

N.B. If there are any proposed changes to the above, a letter must be written to the Business Licensing Board at the Ministry of Economic Development requesting or explaining the change, as applicable. The Board will advise on next steps.

Owner's Signature _____ **Date of Application** _____

NB:
** ALL Representatives must be registered.
** ALL Companies bearing the suffix LLC. , Inc., Ltd., or Limited Partnerships 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 must be paid before the issuance of a Business Licence Certificate.
** 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 for Non-Anguillians.

OFFICIAL USE ONLY:

Received by:

Name (print): _____ Signature: _____ Date: _____

Captured by:

Name (print): _____ Signature: _____ Date: _____

Cashed by:

Name (print): _____ Signature: _____ Date: _____

Document Number: _____ Amount Paid $ _____

Verified by:

Name (print): _____ Signature: _____ Date: _____

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