

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.

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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"/>