



GOVERNMENT OF ANGUILLA



INLAND REVENUE DEPARTMENT

TRADES, BUSINESS, OCCUPATIONS AND PROFESSIONS LICENSING ACT T40 2002

2020

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 Trade, Business, 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

- 1. Authorized Representative(s) Name: _____
Position: _____
Contact #: _____ Email address: _____
Authorized Representative Signature: _____

- 2. Authorized Representative(s) Name: _____
Position: _____
Contact #: _____ Email address: _____
Authorized Representative Signature: _____

- 3. Authorized Representative(s) Name: _____
Position: _____
Contact #: _____ Email address: _____
Authorized Representative Signature: _____

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

NB: ** ALL Companies bearing the suffix LLC., Inc., Ltd., please attach a copy of your company's Article of Incorporation.

**** If the business is no longer active, please complete an Application for Closure Form.**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 2020.**

**** 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/Permits and Work Permits.**

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: _____