

APPLICATION FOR BUSINESS LICENCE

IN ACCORDANCE WITH SECTION 7 OF THE LICENSING OF BUSINESSES ACT, 2021

Please complete all applicable sections of the form and attach the required documents where requested.

OFFICIAL USE ONLY

APPROVAL
STAMP

Annual Licence Fee: _____
Prorated Licence Fee: _____
ISIC Coding: _____
Date: _____

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 the Department of Physical Planning **Yes() No ()**

Please attach approval letter

- a.3. Property/space for rent, please provide:

1. Land Register showing ownership of property
2. Premise approved by the Department of Physical Planning

- a.4. Do you own any other licensed business (es)? **Yes() No ()**

If so, please state business name, activity and location

.....
.....
.....

- a.5. 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 applicant intends 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/ MONTHLY RATE |
| Oct. - April (Winter) | | \$ | | \$ | | \$ |
| May - September (Summer) | | \$ | | \$ | | \$ |
| Villa Rental Long Term <input type="checkbox"/> | | | | | | |

d.2. If apartment(s)

| TERM | NO. OF BUILDINGS | NO. OF UNITS | NUMBER OF ROOMS | 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 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 - EC\$50.00 (<i>processed at the Inland Revenue Department</i>) | | Original | <input type="checkbox"/> |
| Business Licence application fee receipt - EC\$50.00 (<i>fee paid at the Inland Revenue Department</i>) | | 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.

FOR OFFICIAL USE ONLY

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"/> |