

<u>Ap</u>	plicant Information
1.	Name of Applicant / Ov

1. Na	ame of Applicant / Owner: Anguillian Non-Anguillian
2. Ta	xpayer Identification Number (TIN) #:
3. Ad	ldress of Applicant:
4. Ma	ailing Address:
5. Te	elephone #: Email:
<u>Busin</u>	ess Details
6 Na	ame of Business:
0. 10	Primary Business Secondary Business
7. Co	ommercial Registry # Enterprise #:
8. Ty	pe of Business Activity:
9. Ac	ldress of Registered Loca <mark>tion or Place of Business:</mark>
1 <mark>0. Te</mark>	elephone #:Mailing Address:
11. W	ebsite: Email:
12. Na	ame of Landlord (If premise is rented):
13. Nu	umber of Commercial Vehicles registered to Business:
14. V	ehicle Registration numbers assigned to Business:
15. Nu	umber of Employees
16. T	otal Annual Turnover (Gross Revenue or Sales) \$EC:
17.Av	verage Value of Stock \$EC (If goods are held for resale):
Se	lect 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.Re	estaurant 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. Nu	umber of Bedrooms (If Hotel, Villa, Landlord Etc.): at \$ [N/A (rate per night)
20. Nu	umber of Clients <i>(If Daycare</i> Centre): N/A

A	uthorized Representative Information			
(5	See attached information sheet for guidance on how to assign rep	resentatives)		
1.	Representative Name:			
	Reason for Representation: Request of Business Owner Owner is a Non-Res			
	Type of representative: Basic or General			
	Tax Representation: USL Goods & Services Tax Business Licence			
	Contact #: Email address:			
	Representative Signature:			
	NB: Only <u>ONE</u> representative (either basic or genera			
2.	Legal Representative Name:			
Δ.				
	Reason for Representation: Request of Busin			
	Contact #: Ema			
	Representative Signature:			
	ARATION: I solemnly declare that the information provided is ge in the following:	true and accurate and that there has been no		
	 a) Ownership /Shareholding/ Authorized Representat b) Activities c) Location d) Qualifications of any persons conducting a Trade or e) Any other circumstances which may affect the conducting 	Profession under a Sole Proprietorship, or		
Owr NB:	 ** ALL Representatives <u>must</u> be registered. ** ALL Companies bearing the suffix LLC. , Inc., Ltd., or Limited Partner Incorporation or Annual Filing Returns (if operating for a period of operating for a period operating for a period of operating for a period operatin	one (1) year or more).		
	 ** ALL Businesses operating as a Partnership or Joint Venture, please a for verification and accuracy of registration. ** If the business is no longer active, please complete an Application for ** ALL outstanding arrears <u>must</u> be paid before the issuance of a Busin penalty of 1% of the total arrears shall also be applied, thereafter. ** ALL other relevant Government fees and licences <u>must</u> be up-to-dat Premises and Food Handlers Licences/ Fire Prevention Certificate of 	or Closure Form. less Licence Certificate on or before 31 st January. A se and valid including Liquor Licences, Food		
OFFI	CIAL USE ONLY:			
Receiv	/ed by:			
Name	(print): Signature:	Date:		
Captu	red by:			
Name	(print): Signature:	Date:		
Cashe	d by:			
Name	(print): Signature:	Date:		
Docun	nent Number: Amoun	t Paid \$		
Verifie	ed by:			
Name	(print): Signature:	Date:		