



Turks & Caicos Islands Government  
 Ministry of Finance  
 Revenue Department  
 Business Licence Application for Renewal



Please note that the following information is subject to verification and pursuant to sections 8 and 9 of the Business Licensing Ordinance, The Revenue Department should have been notified in writing of any change in the information submitted in your initial application. Supporting documents and/or information may be requested for verification purposes.

Licence #: \_\_\_\_\_ Customer #: \_\_\_\_\_

Proprietor(s)/Parent Company: \_\_\_\_\_

Business Name/DBA: \_\_\_\_\_

Ph#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe your business activity(ies):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Trading Location(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please insert the relevant information where applicable:

No. of Dentists: _____	No. of Rooms: _____ <i>(Hotels / Villas)</i>
No. of Physicians: _____	No. of Villas: _____
No. of Vehicles: _____ <i>(E.g. Taxis, Land Tours)</i>	No. of Accountants: _____
No. of Vehicles for lease: _____	No. of Lawyers: _____
No. of Vessels: _____ <i>(e.g. Marine transport, watersports/tours)</i>	No. of Legal Executives: _____
No. of Aircrafts: _____	No. of Architects: _____
No. of Sq. ft.: _____ <i>(E.g. Retail &amp; Wholesale)</i>	No. of Apartments: _____
No. of ft.: _____ <i>(E.g. Vessels/Boats)</i>	No. of Service Stations: _____
No. of Buses: _____	

NAME *(print please)* \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>OFFICIAL USE ONLY:</b>	Doc#
	Paid:
	Printed:
	Issued: