



**TURKS AND CAICOS ISLANDS
APPLICATION FOR BUSINESS LICENCE
BUSINESS LICENCING ORDINANCE**



FORM 1

Cust#

Doc#

Lic#

Note Please refer to notes on the last page

1	Applicant's Name	
2	Business Name	
3	Trade Name	
4	Business Activities	Please state the details of your intended activities and insert the information below where applicable.
	No. of Buses: _____ No. of Service Stations: _____ No. of Dentists: _____ No. of Physicians: _____ No. of Vehicles: _____ <i>(E.g. Taxis, Land Tours)</i> No. of Vehicles for lease: _____ No. of Vessels: _____ <i>(e.g. Marine transport, watersports/tours)</i> No. of Aircrafts: _____ No. of ft.: _____ <i>(E.g. Vessels/Boats)</i>	
		No. of Villas: _____ No. of Accountants: _____ No. of Rooms: _____ <i>(Hotels)</i> No. of Lawyers: _____ No. of Sq. ft.: _____ <i>(E.g. Retail & Wholesale)</i> No. of Architects: _____ No. of Apartments: _____ No. of Legal Executives: _____
5	Licence Fee Category	Applicable Fee \$
6	Licence Trading Date	
	Type of Ownership	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
7	Trading Location: PR/NC/MC/GT/SC#: Block & Parcel #: Building Name/Number: Street Name & District: Island(s): Zoning:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial
8	Correspondent's Name	
	P O Box / Building Name or Number	
	Address	
	Phone / Cellular # :	
	Facsimile # :	
	Email address :	

9	Is the majority and controlling interest held by a TCIslander? <input type="checkbox"/> Yes <input type="checkbox"/> No							
1 2 3 4	Ownership Details					TCIslander	Nat. Ins.	Work/Res Permit Type
	Cust#	Name	No. of Shares	% of Shares	Ownership Start Date	Yes / No	No.	Permit Type
	Business National Insurance Number:							
	Business Registration Number:					Registration Date:		
	Criminal Records Name					Date	Details	
10	Reserved or Restricted Category (Justification)							
11	Other Businesses Owner / Partner / Director	Business Name					Business Licence Nos.	

12	Certification and Declaration	
	<p>The information contained in this application is declared to be complete and true to the best of my knowledge and belief.</p> <p>It is understood that if the application, and any attached or associated documents, contain false or misleading statements, or are not properly authentic, then I, and my partners, directors, or other parties to this application are liable to be prosecuted under the relevant sections of the Business Licence Ordinance 2012, and any licence issued under this application, and any other licences held by myself, and my partners, directors, or other parties to this application are liable to be suspended and revoked.</p>	
	Applicant's Signature	
	Date	

APPLYING FOR A BUSINESS LICENCE	
Notes to the Application Form	
1	Enter the Name of the person signing the declaration.
2	Enter the Individual or Company of the licence holder. This is the name which will appear on the licence.
3	Enter the name under which the business will trade, or by which it will be commonly known or advertised as.
4	Enter the business activity to be covered by the licence. This determines classification and is the authorized activity which will appear on the licence
5	Enter the category and fee which is anticipated to be applicable to the licence.
6	Enter the date from which the business is to start to trade. If already operating, enter the date when trade started.
7	Enter ALL trading locations, giving enough information to enable the locations to be readily identified.
8	Enter the name and details of the Registered Office, Property Manager or any other representative of the business. Otherwise enter the owner's contact details.
9	Enter the names of the owner, partners or shareholders and all other appropriate information.
10	Complete this section if the application is made in a reserved category and the controlling interest is not held by a TCIslander.
11	<p>Enter details of ALL businesses in which the single owner applicant or ANY of the partners or directors has an interest. Application will not normally be considered if any of these businesses are in arrears with their fees.</p> <p>Attach extra sheet as necessary.</p>

BUSINESS LICENSING APPLICATION

CHECKLIST

STANDARD REQUIREMENTS:

- Application duly completed
- Licensing Fee
- Passport Copies /NS Card/PRC/Naturalization etc.
- Human Resource Directorate Clearance (if a Public Servant)

SOLE TRADER:

- F-14 SIGTAS Registration Form
- FSC Business Name Registration

PARTNERSHIPS:

- F-15 SIGTAS Registration Form
- FSC Business Name Registration
- F-15 ANNEX SIGTAS Registration Form (1 for each partner)

CORPORATIONS/REGISTERED COMPANIES:

- F-15 SIGTAS Registration Form
- F-15 ANNEX SIGTAS Registration Form (1 for each member/shareholder)
- Certificate of Incorporation
- Memorandum & Articles of Association
- Financial Service Commission (FSC) stamped Annual Return (last filed) or Certificate of Good Standing
- Declaration of trust (If share are held in trust)
- Register of Members/Shareholders
- Register of Directors & Officers

APPLICABLE CLEARANCES/REQUIREMENTS:

- Environmental Health Clearance
- Dema Clearance (If operating in the National Parks)
- Planning /Zoning Clearance
- Land Department Clearance (If operating in the National Parks)
- Public Service Licence
- Police Record/Background Check
- Civil Aviation/TCIAA Clearance
- Fire Department Clearance
- Land Register (Leasing Commercial Space Rental and Long/Short Term Rentals)
- Education Department Clearance (schools)
- Agriculture Clearance
- Boat Master's Licence (Boat Tours/Excursions etc.)
- First Aid Certification (Schools/Childcare Services)
- Health Practitioners Board Clearance
- Tourist Board Licence (villas with 4 or more rooms)
- HTT Registration Form

ENVIRONMENTAL HEALTH CLEARANCE LIST

Auto Repair Shop	Catering	Tattoo Parlors
Barber Shop	Dry Cleaners/Laudromat	Nurseries/Daycare/Schools
Hair/Nail Salon	Service Station	Carwash
Spa	Bars	Water Sales
Hair Braiding	Restaurants	Pest Control
Bakery	Retail Stores	All Agricultural/Manufacturing/ Health & Medicine Activities
Animal Care & Pet Grooming		

BUSINESS LICENSING APPLICATION

ACTION SHEET

Data Entered By: _____ Date: _____ Incidents/New Attachments: _____
Application Vetted By: _____ Date: _____
Vetting Notes: _____
Application Reviewer: _____ Date: _____
Awarded Status: _____
Action Notes: _____ Print Date: _____ Issued Date: _____

Approver: _____ Date: _____
Restriction: _____