

1.	Name of Applicant / Owner:	
	Anguillian Non-Anguillian	
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 Business Activity:	

**Applicant Information** 

11. Website: \_\_\_\_

9. Address of Registered Location or Place of Business: \_\_\_\_\_ \_\_\_\_Mailing Address:\_\_\_\_\_ 1<mark>0. Tele</mark>phone #:\_\_\_\_\_

12. Name of Landlord (If pr <mark>emise</mark> is rented):
13. Number of Commercial Vehicles registered to Business:
14. Vehicle Registration numbers assigned to Business:
15. Number of Employees
16. Total Annual Turnover (Gross Revenue or Sales) \$EC:
17. Average Value of Stock \$EC (If goods are held for resale):
Select the Appropriate Class (Online and/or Physical) which applies:
Class A: Basic Retail Licence (Supermarkets, Mini Markets, Mobile/ Street Vendors)

Email:

Class B: Department Stores, Boutiques, Furniture, Retail Other Class C: Hardware & Wholesale N/A 18. Restaurant Type \_\_\_\_\_ (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. Number of Bedrooms (If Hotel, Villa, Landlord Etc.): \_\_\_\_\_\_ at \$\_\_\_\_\_ N/A (rate per night) 20. Number of Clients (If Daycare Centre): \_\_\_\_\_ N/A

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	norized Representative Information
(Se	attached information sheet for guidance on how to assign representatives)
1.	Representative Name:
	Reason for Representation: 🗌 Request of Business Owner 🔲 Owner is a Non-Resident
	Type of representative: 🗌 Basic or 🗌 General
	Fax Representation: ISL Accommodation Tax Business Licence
	Contact #: Email address:
	Representative Signature:
	NB: Only <u>ONE</u> representative (either basic or general) can be assigned to the same tax type.
2.	Legal Representative Name:
	Reason for Representation: Request of Business Owner Owner is a Non-Resident
	Contact #: Email address:
	Representative Signature:
Minis <mark>t</mark> steps.	a) Ownership /Shareholding/ Authorized Representatives b) Activities c) Location d) Qualifications of any persons conducting a Trade or Profession under a Sole Proprietorship, or e) Any other circumstances which may affect the conditions on which the business license was granted. There are any proposed changes to the above, a letter must be written to the Business Licensing Board at the of Economic Development requesting or explaining the change, as applicable. The Board will advise on next "'s Signature Date of Application "* ALL Representatives must be registered. ** ALL Companies bearing the suffix LLC , Inc., Ltd., or Limited Partnerships please attach a copy of your company's Article of
	Incorporation or Annual Filing Returns (if operating for a period of one (1) year or more). ** ALL Businesses operating as a Partnership or Joint Venture, please attach a copy of your partnership agreement
05510	<ul> <li>for verification and accuracy of registration.</li> <li>If the business is no longer active, please complete an Application for Closure Form.</li> <li>ALL outstanding arrears <u>must</u> be paid before the issuance of a Business Licence Certificate on or before 31<sup>st</sup> January 2022. A penalty of 1% of the total arrears shall also be applied, thereafter.</li> <li>ALL other relevant Government fees and licences <u>must</u> be up-to-date and valid including Liquor Licences, Food Premises and Food Handlers Licences/ Fire Prevention Certificate of Compliance/ and Work Permits for Non-Anguillians.</li> </ul>
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