

APPLICATION FOR TRADE AND BUSINESS LICENCE  
(TRADE AND BUSINESS LICENCE RETURN)

Financial Year:

2.0 - 2.0

## Section A: APPLICANT'S INFORMATION

1. Applicant/Business Name (for individuals - Last, First, Middle):

2. Taxpayer Registration Number (TRN):

(branch #)

3. Trade Name:

4. Parish in which business/trade is carried on:

5. Business Address/Registered Office:

6. Mailing Address (if different from 5):

7. Contact Numbers:

▶ Business:

▶ Cell:

▶ Fax:

8. E-mail Address

9. Tick box(es), if appropriate:

☐ Revised Return☐ New Address

## Section B: APPLICATION / RETURN DETAILS

10. Date Trade/Business  
Commenced:

11. Are your accounts computerized ?

☐ Yes☐ No☐ Partly

12. Indicate the type of Licence Application/Return from one of the three groups below:

## Group 1

Wholesalers &  
Retailers(Select, then complete  
Sections C, E, F & G)☐ Wholesaler, state Annual Gross Sales \$ \_\_\_\_\_☐ Retailer, state Annual Gross Sales \$ \_\_\_\_\_

## Group 2

Newspaper  
Proprietors(Select, then complete  
Sections D, E, F & G)☐ Newspaper Proprietor (Daily Newspaper)☐ Newspaper Proprietor (Other than Daily)

## Group 3

Others

(Select, then complete  
Section E, F & G)☐ Merchant☐ Super-cargo☐ Auctioneer☐ General Factor☐ Wharfinger☐ Commission Agent

## Section C: WHOLESALE / RETAILER DETAILS

(To be Completed by Wholesaler/Retailer Applicants Only)

13. Do you intend to sell wine, beer, or any other malt liquor ? . . . . . ☐ Yes (Go to 14)☐ No (Go to Section E)14. Do you have a Spirit Licence ? . . . . . ☐ Yes (Go to Section E)☐ No (See Note below)**NOTE:** To sell wine, beer or any other malt liquor you MUST first be certified as fit to do so by either a Superintendent of Police from the parish OR a Justice of the Peace from the parish in which your business is carried on.

THE STATEMENT OF FITNESS BELOW MUST BE COMPLETED AND ENDORSED BY THE PROPER AUTHORITY

## Statement of Fitness

I ..... acting in my capacity as Justice of the Peace / Police Superintendent  
(Name of Superintendent/JP)for the parish ..... certify that ..... is  
(Name of Business Owner)

a fit and proper person to sell wine, beer or other malt liquors.

STAMP  
/ SEAL

Signature

Date

PLEASE SEE OVERLEAF FOR CONTINUATION OF FORM

