

APPLICATION TO OPERATE A TOURISM ENTERPRISE
TO THE BOARD OF DIRECTORS OF THE GRENADA TOURISM AUTHORITY, I HEREBY APPLY FOR A LICENCE TO OPERATE
A TOURISM ENTERPRISE UNDER SECTION 28 OF THE GRENADA TOURISM AUTHORITY
ACT NO. 42 OF 2013
TOURIST GUIDE

Name: _____

Address:- _____

Telephone:- _____ Email:- _____

Age:- _____ Gender: (M) _____ (F) _____

EMPLOYER INFORMATION

Employed By/Contracted By: - _____

Address:- _____

Telephone #-: _____ Mobile#:- _____

E-mail:- _____

Types of Tour (please specify):- _____

I hereby certify that the above information is correct in all respect. I understand that failure to provide true and correct information could result in rejection of this application.

SIGNATURE OF APPLICANT

DATE

DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

1. Valid Police Record from Royal Grenada Police Force
2. Character Reference from qualified persons (non-relative) e.g., School Principal, Priest, Doctor
3. Tour Guide Certificate
4. Letter, Contract or Agreement (where applicable)
5. Health Certificate from Health Clinic or Medical Doctor
6. Public Liability Insurance, if not employed by a Tour Operator
7. Work Permit (where applicable)

FOR OFFICIAL USE ONLY

Name of Tourism Enterprise: _____

Receipt Details: _____

Amount Paid: _____ Payment Date: _____

Paid To: _____

Inspection Date: _____ Date Licensed: _____

Expiry Date: _____ Signature: _____