

APPLICATION TO OPERATE A TOURISM ENTERPRISE
TO 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
MANAGEMENT OF TOURIST SITES/ATTRACTIONS

Type of Attraction (Tick appropriate box)

- Land/Nature Based
- Water Based
- Heritage

I (Applicant's Name):- _____

The Owner/Operator/Manager of the Attraction:- _____

(Hereinafter referred to as the Attraction) which is located at:-

Mailing Address:- _____

Tel. #- _____ Fax #- _____

Email Address:- _____ No. of Employees:- _____

Being the keeper of the Attraction, I hereby apply for the grant of a licence to keep the Attraction in accordance with the provisions under Section 28 of the Grenada Tourism Authority Act No. 42 of 2013.

I declare that the Attraction(s) is owned by:- _____

The _____ has been operating since
(Name of Attraction)

_____ and offers the following activities (Please list the Activities below):

_____	_____
_____	_____
_____	_____

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

POSITION

DATE

DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

1. Proof of Permission to Occupy Location
2. Copy of Public Liability Insurance and Personal Accident Insurance indicating period of coverage
3. Copy of Business Registration Certificate
4. Value Added Tax(VAT) Registration Number (where applicable)
5. Annual Stamp Duty and Personal Income Tax
6. Food Handler's Permit and Valid Health Certificate (where applicable)
7. First Aid and Cardio-Pulmonary Resuscitation (CPR) Training Certificates
8. Written Safety Policy and Standard Operating Procedures(SOP's)
9. Professional Certificate from Training Institute
10. Printed Brochure and Rate Sheet
11. List of Employees
12. Any Other Supporting Documents Requested by the GTA

FOR OFFICIAL USE ONLY

Name of Tourism Enterprise: _____

Receipt Details: _____

Amount Paid: _____ Payment Date: _____

Paid To: _____

Inspection Date: _____ Date Licensed: _____

Expiry Date: _____ Signature: _____