

**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**  
**WATER SPORTS SERVICES**

Full Name of Applicant:- \_\_\_\_\_

Address:- \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address:- \_\_\_\_\_ Business Registration #:- \_\_\_\_\_

Tel #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Has Work Permit Been Applied For (For Non-Nationals):-Yes  No

If Yes, Date of Application:- \_\_\_\_\_

**Type of Water Sports Activity:**

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Parasailing     | <input type="checkbox"/> Snorkeling  |
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Sunfish Sailing | <input type="checkbox"/> Kayaking    |
| <input type="checkbox"/> Jet Skiing   | <input type="checkbox"/> Boat Excursion  | <input type="checkbox"/> Other _____ |

**Certification:-**

**Please Tick the Appropriate Box:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Cardio-Pulmonary Resuscitation (CPR) | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> First Aid                            | <input type="checkbox"/> PADI         |
| <input type="checkbox"/> Life Guard                           | <input type="checkbox"/> Other        |

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. Grenada Ports Authority Approval
2. Copy of Public Liability and Personal Accident Insurance indicating period of coverage
3. Annual Stamp Duty and Personal Income Tax  **or**
4. Value Added Tax (VAT) Registration Certificate
5. First Aid Training Certificate
6. Cardio-Pulmonary Resuscitation Training Certificate
7. Written Safety Policy and Standard Operating Procedures(SOP's)
8. Professional Certificate from Training Institute
9. Any other certificates relevant to the application

**FOR OFFICIAL USE ONLY**

Name of Tourism Enterprise: \_\_\_\_\_

Receipt Details: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Paid To: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Date Licensed: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Signature: \_\_\_\_\_