

**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
TAXI SERVICE PROVIDER**

Name of Applicant: _____

Address: _____

Business Registration # (where applicable): _____

Tel. #: _____ Fax #: _____

Email Address: _____

Number of Vehicles in Fleet (where applicable): _____

Name of Registered Taxi Association: _____

Driver's Licence No. : _____ Driver's Licence Expiry Date: _____

LIST VEHICLE REGISTRATION INFORMATION BEING APPLIED FOR:-

Inspection Expiry Date	Insurance Company	Policy #	Plate #

(If necessary, list additional vehicle information on separate sheet and attach to this form)

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. Copy of Public Liability and Personal Accident Insurance indicating period of coverage
2. Grenada Ports Authority Approval (where applicable)
3. Grenada Airports Authority Approval (where applicable)
4. Valid Police Record from Royal Grenada Police Force
5. Annual Stamp Duty and Personal Income Tax (where applicable)
6. Value Added Tax (VAT) Registration Certificate (where applicable)
7. Character Reference from qualified persons (non-relative) e.g., School Principal, Priest, Doctor
8. Health Certificate from Health Clinic or Medical Doctor
9. Valid Driver's Licence
10. Taxi Certification from TAMCC or other Recognized Training Institution
11. Ministry of Health COVID-19 Certificate of Inspection
12. Ministry of Health COVID-19 Certificate of Training
13. Copy of NIS Registration Card

FOR OFFICIAL USE ONLY

Name of Tourism Enterprise: _____

Receipt Details: _____

Amount Paid: _____ **Payment Date:** _____

Paid To: _____

Inspection Date: _____ **Date Licensed:** _____

Expiry Date: _____ **Signature:** _____

REVISED JULY 2020