

**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**  
**TOUR OPERATOR**

Name of Applicant:-

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Address:-

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Name of Company:-

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Address:-

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

Tel. #:- \_\_\_\_\_

Fax #:- \_\_\_\_\_

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Email Address:-

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Manager's Name:- \_\_\_\_\_

Number of Vehicles/Vessels in Fleet: - \_\_\_\_\_

**LIST VEHICLES/VESSELS REGISTRATION INFORMATION BEING APPLIED FOR:-**

Registration Expiry Date	Insurance Company	Policy #	Plate #

(If necessary, list additional vehicle/vessel 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

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

**DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM**

1. Copy of Public Liability and Personal Accident Insurance indicating period of coverage
2. Copy of Registration of Business Name (where applicable i.e. if Business Name is different from Operating Name)
3. Grenada Ports Authority Approval (where applicable)
4. Valid Driver's /Watercraft Licence
5. NIS Registration
6. Certificate from TAMCC or other Recognized Training Institution
7. Ministry of Health COVID -19 Certificate of Inspection
8. Ministry of Health COVID-19 Certificate of Training
9. Annual Stamp Duty and Personal Income Tax
10. Value Added Tax(VAT) Registration Certificate(where applicable)
11. Valid Police Record from Royal Grenada Police Force

**FOR OFFICIAL USE ONLY**

Name of Tourism Enterprise:

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Receipt Details:

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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

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