

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 TAXI SERVICE PROVIDER

Name of Applicant: _____

Address: _____ Email: _____

Tel. #: _____ Age: _____

Boat's Name & Licence #: _____

Safety Equipment on Board: (a) Marine Radio (VHF) (d) GPS
 (b) Flare guns (e) Life jacket (s) State amount _____
 (c) Life ring (f) Other (Specify) _____

Passenger Carrying Capacity: _____ Number of Vessel(s) in Fleet: _____

Name of Registered Taxi Association (where applicable): _____

Name of Employees (if Any):

LIST VESSEL(S) REGISTRATION INFORMATION BEING APPLIED FOR:-

Inspection Expiry Date	Insurance Company	Policy #

(If necessary, list additional 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

 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
3. Copy of Inspection Report from the Grenada Ports Authority
4. Valid Police Record from Royal Grenada Police Force
5. Value Added Tax (VAT) Registration Certificate (where applicable)
6. Annual Stamp Duty and Personal Income Tax (where applicable)
7. Character Reference from responsible adult (non-relative) e.g., School Principal, Priest, Doctor
8. Health Certificate from Health Clinic or Medical Doctor
9. Water Taxi Operators Certificate
10. Cardio-Pulmonary Resuscitation (CPR) & First Aid Certificate
11. Valid Watercraft Licence
12. Ministry of Health COVID-19 Certificate of Inspection
13. Ministry of Health COVID-19 Certificate of Training
14. 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