

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:- _____

Name of Company: _____

Address:- _____

Tel #: _____ Email Address: _____

No. of Employees: _____

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

If Yes, Date of Application:- _____

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 Employees (if Any):

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"/> Lifeguard | <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. Copy of Business Registration Certificate
6. Copy of National Insurance Scheme Registration (NIS)
7. First Aid Training Certificate
8. Cardio-Pulmonary Resuscitation Training Certificate
9. Ministry of Health COVID-19 Certificate of Inspection
10. Ministry of Health COVID-19 Certificate of Training
11. Written Safety Policy and Standard Operating Procedures (SOP's)
12. Professional Certificate from Training Institute
13. 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: _____