

**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**

**APPLICATION FORM: CATEGORIES A, B, C, D & E**

*(All information supplied in this Form will be treated as confidential)*

1. Name of Applicant/Company: .....
2. Postal Address of Applicant/Company: .....
3. National Identity Card/Company Registration No: .....
4. Telephone No:..... Mobile No: .....
5. Fax: ..... E-Mail: .....

**NB: The Grenada Tourism Authority should be notified of any change of address & telephone numbers**

**SECTION F (In Case of a Company or other Business)**

1. Represented by (Name of Agent): .....
2. Designation: .....
3. National Identity Card No: .....
4. Company Director and their contact No: .....
5. Certificate of Incorporation No. .... Date .....
6. Principal Business of the Company: .....

Please indicate with a tick the category of licence to operate a tourism enterprise for which you are applying:

- A. Licence to operate car rental services;
- B. Licence to operate water sport services;
- C. Licence to operate at a tourist site;
- D. Licence to operate a restaurant;
- E. Licence to operate any other service utilised by or offered to tourist and declared by the Minister to be a tourism enterprise. Please Specify \_\_\_\_\_

\_\_\_\_\_  
**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
3. Annual Stamp Duty and Personal Income Tax
4. Copy of Business Registration Certificate
5. First Aid /CPR Training Certificate
6. Ministry of Health COVID-19 Certificate of Inspection
7. Ministry of Health COVID-19 Certificate of Training
8. Written Safety Policy and Standard Operating Procedures (SOP's)
9. Professional Certificate from Training Institute

FOR OFFICIAL USE ONLY

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

Receipt Details: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Paid To: \_\_\_\_\_ Payment Date: \_\_\_\_\_

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

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