

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. Copy of Public Liability Insurance
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. Character Reference from qualified persons (non-relative) e.g., School Principal, Priest, Doctor
7. Medical Certificate of Fitness from Health Clinic or Medical Doctor
8. Valid Driver's Licence
9. Taxi Certification from TAMCC or other Recognized Training Institution
10. Copy of NIS Registration Card

FOR OFFICIAL USE ONLY

Name of Tourism Enterprise: _____

Receipt Details: _____ Amount Paid: _____

Paid To: _____ Payment Date: _____

Inspection Date: _____ Date Licensed: _____

Expiry Date: _____ Signature: _____