



**THE GRAND BAHAMA PORT AUTHORITY, LIMITED**

Post Office Box F-42666 \* Freeport, Grand Bahama Island

Telephone: (242) 350-9051/3 \* Fax: (242) 351-4169

**APPLICATION FOR A BUSINESS LICENSE  
CORPORATION**

**(TRANSFER FROM A PERSONAL LICENSE)**

1. NAME OF APPLICANT (Please type or print) \_\_\_\_\_  
\_\_\_\_\_ TRADE NAME \_\_\_\_\_
2. ADDRESS \_\_\_\_\_  
TELEPHONE NO. Bus. \_\_\_\_\_ P. O. BOX \_\_\_\_\_
3. DESCRIPTION OF EXISTING BUSINESS (If a Shop License has been issued list the major items sold).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. NAME OF COMPANY \_\_\_\_\_  
DATE OF FORMATION \_\_\_\_\_  
PLACE OF INCORPORATION \_\_\_\_\_  
NAMES, POSITIONS AND ADDRESSES OF OFFICERS AND DIRECTORS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. CAPITALIZATION OF COMPANY \_\_\_\_\_  
\_\_\_\_\_
6. DESCRIPTION OF SHARE OWNERSHIP AND PARTICULARS ON BENEFICIAL OWNERS:

Name	Address	Nationality	Percentage of Ownership
7. If non-Bahamian, please indicate whether approval from the Central Bank has been obtained or applied for. (Please provide copy of approval from or application to Central Bank).
8. OPERATING PREMISES  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE WHO should be contacted for further information-and/or the Attorney representing the applicant-giving name, address and telephone number.

\_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature \_\_\_\_\_

\_\_\_\_\_  
Print Name and Position Held