



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
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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