



BUSINESS DIVERSITY WAIVER

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

(Complete appropriate category 1a, 1b or 1c)

INDIVIDUAL

1a NAME OF APPLICANT
TRADE NAME
PLACE OF BIRTH CITIZENSHIP
DATE OF BIRTH EMAIL
HOME ADDRESS
TELEPHONE NO. P.O. BOX
EMPLOYER
OCCUPATION TELEPHONE NO.
NATIONAL INSURANCE NO./SOCIAL SECURITY NO.
(Please complete Items 2 – 6 on the reverse side)

PARTNERSHIP

1b In the event of additional partners, please complete Appendix “A” Form

NAME OF APPLICANT
TRADE NAME
PLACE OF BIRTH CITIZENSHIP
DATE OF BIRTH EMAIL
HOME ADDRESS
TELEPHONE NO. P.O. BOX
EMPLOYER
OCCUPATION TELEPHONE NO.
NATIONAL INSURANCE NO./SOCIAL SECURITY NO.
(Please complete Items 2 – 6 on the reverse side)

CORPORATION

1c NAME OF COMPANY
TRADE NAME
DATE OF FORMATION
PLACE OF INCORPORATION
NAMES AND POSITIONS OF OFFICERS AND DIRECTORS:

CAPITALIZATION OF COMPANY

Each Shareholder must complete Appendix “A” Form
DESCRIPTION OF SHARE OWNERSHIP AND PARTICULARS ON BENEFICIAL OWNERS:

Name	Address	Percentage of Ownership

(Please complete Items 2 – 6 on the reverse side)

2 DESCRIPTION OF PROPOSED BUSINESS:

3 CAPITAL INVESTMENT IN CONNECTION WITH THIS LICENSE APPLICATION:

Estimated amount

Source of Capital	Estimated Amount
Personal	\$
Other	\$
Bank Loan	\$

4 EXISTING LICENSEE: [] NO [] YES (If yes, please provide details)

5 PERSONNEL REQUIREMENTS:

Total Number of People Bahamians Expatriates

For expatriate employees, please complete the following:

Number	Position to be held

6 REFERENCES

BAHAMIANS:

List the banks in which you intend to open your account(s).

NON-BAHAMIANS:

Provide one financial reference giving evidence of investment in connection with this application and one business reference. Where applicable, the business reference should give details of the applicant's expertise in the business for which the application is made.

Financial

Business

EACH APPLICANT MUST SUBMIT A COPY OF PASSPORT AND A CURRENT POLICE RECORD

A NON-REFUNDABLE PROCESSING FEE IS APPLICABLE AS FOLLOWS:
BAHAMIANS - \$250⁰⁰ --- NON-BAHAMIANS - \$1,500⁰⁰
(SUBJECT TO VALUE ADDED TAX)

PLEASE INDICATE SECONDARY CONTACT, and/or the Attorney representing the applicant.

Name

Address

Telephone Fax

Email

Declaration of License Applicant

Applicant's signature

I authorize The Grand Bahama Port Authority, Limited ("GBPA") to undertake any search or obtain any personal, financial, business, or other information from any third party source, agency, organization, or institution which may be required for the verification of the information provided herein and further authorize the third party source, agency, organization or institution to provide such information to GBPA. I acknowledge and confirm that the information provided by me on this License Application Form is true and correct to the best of my knowledge and ability. I ALSO CONFIRM THAT NEITHER I NOR ANY OF MY AFFILIATES/ASSOCIATES HAVE BEEN CONVICTED OF A CRIMINAL OFFENCE IN ANY COUNTRY WITHIN THE LAST FIVE (5) YEARS. I understand and accept that foregoing information is being reviewed by GBPA in order to process my application for a License and that any false or untrue statement or information may result in the cancellation of my application for a license.

DATA PROTECTION
GBPA shall comply with the provision of the Data Protection Privacy of Privacy of Personal Information Act 2003 (as amended) in relation to the use, confidentiality, storage, processing, inspection, and access of your personal information obtained for the purposes of this License Application Form and kept within our possession.

PLEASE NOTE, the applicant must obtain approved operating premises as a condition to the issuance of the License Agreement.

BUSINESS DIVERSITY WAIVER

☐ APPROVED

☐ NOT APPROVED

Derek Newbold
Sr. Manager, Business Development

LaShawn Dames
Business Services Manager