



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.

