

**SAINT CHRISTOPHER – NEVIS
 LICENSES ON BUSINESSES AND OCCUPATION ACT, 1972
 (NO. 6 OF 1972)
 APPLICATION FOR LICENSE**

Name and Address of Applicant	Type of Business to be undertaken	Place where Trade, Business, Profession or Occupation carried on

I _____ declare the above particulars are true and I apply for a license in terms hereof.

Dated the _____ day of _____ 20 ____.

To: The Minister of Finance

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To: The Minister of Finance

Signature _____ Tel# _____

**APPLICATION FOR BUSINESS LICENCE
(SUPPLEMENTARY FORM)**

NAME OF BUSINESS _____

LOCATION OF BUSINESS _____

TYPE OF BUSINESS _____

DATE OF COMMENCEMENT _____

<u>NAME OF OWNERS</u>	<u>NATIONALITY</u>	<u>ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRECISE NATURE OF GOODS AND SERVICES FOR SALE
(Please give a brief insight into the business)

(Start up Capital)

ESTIMATED VALUE OF STOCK/ASSETS: \$ _____

NUMBER OF PERSONS TO BE EMPLOYED _____

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT

SIGNATURE OF APPLICANT: _____

DATE: _____

TEL# _____

HEALTH INFORMATION SHEET

_____ OF _____
Name of Applicant (s) Address of Applicant

HAS/HAVE SUBMITTED AN APPLICATION FOR PERMISSION TO OPERATE

Type of Establishment

*PREMISES OWNED BY _____ LOCATED AT _____
Name of Owner

Address of Premises

*WHERE APPLICANT IS OWNER OF PREMISES *AT HIS/HER PREMISES

LOCATED AT _____
Address of Premises

APPLICANTS CONTACT NUMBER'S # _____.

KINDLY ARRANGE FOR THE PREMISES TO BE INSPECTED AND SUBMIT
REPORT TO THIS MINISTRY



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