



Department of Trade, Investment Promotion and Consumer Affairs
British Virgin Islands

Application form for business licence in accordance with section 5(1) of the Business Profession & Trade Licence Act No. 10 of 1989

APPLICATIONS MUST BE TYPED OR WRITTEN IN BLOCK LETTERS

I am applying for my first Trade Licence ☐ additional Trade Licence ☐ change of details ☐

Please state how many licence you are applying for

I/We the undersigned person(s) do hereby apply for the grant of a Business Licence to operate the following business:

(Name of Business)

Located at _____

On behalf of _____

Are you the agent for the company? ☐ Yes ☐ No If yes agent's Name: _____

PERSONAL INFORMATION

The following information should be furnished by person (s) who owns the business.

Name:
(Last) (First, Middle)

Mailing Address:

Date of Birth: Place of Birth:
(Month/Day/Year)

Nationality: Are you a Belonger? ☐ Yes ☐ No

Telephone:
Home Work Cell

Social Security No:

Email:

What is your preference of Communication? ☐ Home ☐ Work ☐ Cell ☐ Email

Relationship with the business. ☐ Owner ☐ Manager ☐ Agent ☐ Director

Type of proposed activity for which the licence is required:

No. of persons you intend to employ:

If Firm or Corporation:

a) Date of incorporation:

b) Directors of Company

a.

Last

First

Nationality

b.

Last

First

Nationality

c) Shareholders

a.

Last

First

Nationality

b.

Last

First

Nationality

Source of Financing: ☐ Personal ☐ Bank ☐ Other:

Declaration

I declare that the information given on this application form is correct. I also confirm that I have read the attached checklist and all trade licence will be used in accordance with the specific limitations of use as detailed in the checklist.

Signature:

Date:

Name:

"Your Business Is Our Business"

Government of the Virgin Islands | Admin Drive | Road Town | Tortola | British Virgin Islands

 : (284) 468-3701 Ext: 2008/4280 |  : (284) 468-2918 |  : bvitrade@gov.vg