



BRITISH VIRGIN ISLANDS

Application form for
Charter Yacht Operation
in accordance with section 5 (1) of the
Business Profession & Trade Licence Act, No. 10 of 1989

To: The Premier

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

.....
(Type of Business)

Located at
(Print full address, including P.O. Box)

On behalf of
(Person or Company)

PERSONAL HISTORY

The following information should be furnished by the person(s) who makes the application:

Full Name

Mailing Address

Date of Birth Place of Birth
(DD/MM/YYYY)

Nationality Social Security No.

Status in the B. V. I Belonger Non-Belonger

Telephone# Home () Work ()

Relationship with the business you are applying for

(Owner, Manager, Agent, Lawyer, etc.)

BUSINESS INFORMATION

Percentage of shares held by:

B.V. Islanders Non-B.V. Islander

Type of proposed activity for which licence is requested

Number of persons you intend to employ

PARTICULARS ON COMPANY/OWNER

Name of Company:

Address:

Telephone No:.....

Date of incorporation:

Affiliation with other companies, groups or individuals:

Officer(s) or employee(s) who shall exercise the powers to be conferred by the Licence:

1).....

2).....

3).....

4).....

Shareholders:

(Name)

(Nationality)

.....

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.....

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.....

Name of manager, if other than licensee, officer or employees of the business, firm or corporation.

.....

If foreign based, name and address of foreign company:

Source of financing:

A) Equity ()

B) Loan (Specify each source) ()

C) Suppliers Credit ()

D) Other (Specify) ()

Type of Operation:

A) Crewed Charter ()

B) Bare boat Charter ()

1. Lease/Back ()

2. Management ()

3. Timeshare ()

C) Other (Specify)

Previous experience in the proposed business:

A). Location

B). Maximum no. of boats used

C). Years of operations

Intended BVI base of operation:

Promotion & marketing:

A). Overseas Office

 Name

 Address

 Telephone No.

B). Travel Agents (Name & Address)

C). Charter Brokers (Name & Address)

Insurance Company with which boats are or will be insured:

Amount of Insurance:

PARTICULARS ON BOATS TO BE CHARTERED

Please state the intended number of boats to be operated:

.....

Number of Boat(s)

Cost of Boat(s)

Water Disposal Facilities;

 1). Type

 2). Method

Radio Facilities:

.....

PARTICULARS ON ONSHORE FACILITIES

Office space size (Sq. Ft.).....
Berths - Number to be used:
Moorings - Number of permanent moorings planned:
Chase Boat size:
Provision Store:
Maintenance Area:
Dry Docking - State what provisions have been made:

PARTICULARS ON STAFFING

Give the number of persons to be employed in the following categories:

- A). Manager ()
- B). Assistant Manager ()
- C). Accountant/Bookkeeper ()
- D). Dock Foreman ()
- E). Store Clerk ()
- F). Mechanic ()
- G). Rigger ()
- H). Cleaner ()
- I). Captain ()
- J). Other(s) (specify)

DECLARATION

I hereby declare that the particulars given in this application are true and correct to the best of my knowledge and belief.

Signature.....
Date

NOTE: For persons not having Belongers status, two character references, a statement of financial ability and police record must be submitted.

 Other documents required for charter application:

- One Passport size photograph
- Boat Registration Certificate
- Boat Insurance Papers
- Photo Or Brochure/Description of boat
- Safety Certificate