



"NEW"

FORM "A"

To: **The Licensing Magistrate
and
The Commissioner of Police**

I/We now residing
Name of Applicant(s)

at , Virgin Islands and doing
Full Address

business as
Insert Name of Establishment/Trading name

do hereby give notice that it is my/our intention to apply to the Licensing Magistrate at the Special Sitting of the
Magistrate's Court to be held at Road Town, on theday of 20..... for a

- | | |
|--|--|
| <input type="checkbox"/> Bar (Town) | <input type="checkbox"/> Bar (Country) |
| <input type="checkbox"/> Beer (Town) | <input type="checkbox"/> Beer (Country) |
| <input type="checkbox"/> Club | |
| <input type="checkbox"/> Hotel (with less than 10 rooms) | <input type="checkbox"/> Hotel (with 10 - 25 rooms) |
| <input type="checkbox"/> Hotel (with 26-50 rooms) | <input type="checkbox"/> Hotel (with more than 50 rooms) |
| <input type="checkbox"/> Restaurant | |
| <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Wholesale | |
| <input type="checkbox"/> Still | |

(check one only)

Licence to sell intoxicating liquor at my/our premises situated at , on
the island of in the Territory of Virgin Islands and registered as
Parcel Number of Block of the

Registration Section in the Land Registry of the Virgin Islands. (Indicate exact location of business)

I also *[certify/do not certify] that I have Development Planning Permission to operate at the location from which I
propose to operate the licensed premises. A copy of the Development Planning Approval for the said premises *[is/
is not] attached to this application.

I further *[certify/do not certify] that I have a valid Trade Licence to operate the type of business for which I am
applying to be licensed from the location contained in this application. A copy of my Trade Licence evidencing the
same *[is/is not] attached.

Dated this day of 20.....

Signed
Applicant (number 1)

Signed.....
Applicant (number 2)

Print Name.....

Print Name.....

.....
Notary Public/Commissioner for Oaths

.....
Notary Public/Commissioner for Oaths

Contact Details for Applicant:

Telephone No.....Email Address:.....