



## "RENEWAL"

### FORM "A"

To: The Licensing Magistrate  
and  
The Commissioner of Police

I/We ..... now residing  
Name of Applicant(s)

at ..... , Virgin Islands  
Full Address

and doing 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 the .....day 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 \*[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:.....