

**BUSINESS LICENCE REGULATIONS***S.I. 148/2010**S.I. 47/2015***(SECTION 30)***[Commencement 1st January, 2011]*

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| <p><b>1.</b> These Regulations may be cited as the Business Licence Regulations.</p>   | <p>Citation.</p>   |
| <p><b>2.</b> In these Regulations —<br/>“Act” means the Business Licence Act.</p>  | <p>Interpretation.<br/>Ch. 329.</p>  |
| <p><b>3.</b> (1) Every application for a business licence under the Act shall be made in Form A as set out in the First Schedule.</p> <p>(2) A business licence granted pursuant to section 4 of the Act shall be issued in Form C as set out in the First Schedule.</p> <p>(3) An application for an appeal to the Review Board under section 12 of the Act shall be made in Form B as set out in the First Schedule.</p> | <p>Forms of application and licence.<br/>First Schedule.</p> <p>First Schedule.</p> <p>First Schedule.</p> |
| <p><b>4.</b> Fees chargeable in the administration of the Act shall be payable as set out in the Second Schedule.</p>  | <p>Fees.<br/>Second Schedule.</p>  |
| <p><b>5.</b> Where a business has a turnover of one hundred thousand dollars per annum or more, submitted financial results shall be accompanied by a statement as to the turnover of the business certified by a person who is qualified in accounting and who has no interest in the business to which the certificate relates.</p>  | <p>Furnishing of certified statement of turnover.</p> <p><i>S.I. 47/2015.</i></p>                          |

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**FIRST SCHEDULE****FORM A****BUSINESS LICENCE APPLICATION****Business Licence Division****BUSINESS REGISTRATION**

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Please read instructions before completing this form. Important details are included in the instructions. Information on this form must be printed or typed.

Each agency may request additional information depending on your type of business. (See list of requirements) **This form must be accompanied by approval from other government or regulatory agencies where required.**

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## 1. Applying For:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> New Business   | <input type="checkbox"/> Change in Ownership          | <input type="checkbox"/> Change in Location        |
| <input type="checkbox"/> Change in Name | <input type="checkbox"/> Change in Corporate Officers | <input type="checkbox"/> Change in Mailing Address |
| <input type="checkbox"/> Occasional     | <input type="checkbox"/> Cease Business               | <input type="checkbox"/> Temporary                 |
|   | <input type="checkbox"/> Other                        |  |
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## 2. Business Entity Type:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Home Based                | <input type="checkbox"/> Publicly Traded Company | <input type="checkbox"/> Privately Held Company        |
| <input type="checkbox"/> Bahamian Owned            | <input type="checkbox"/> Partnership             | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Limited Liability Company |  | <input type="checkbox"/> Government Entity             |
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<b>3. Trading As:</b>
<b>4. Requesting Trade Name:</b>
(a)
(b)
(c)
<b>5. Individual/Company/Entity Name &amp; Contacts:</b>
6. Cellular:
Telephone:
Facsimile:
7. <input type="checkbox"/> Bahamian <input type="checkbox"/> Foreign
NIB #
Control #
Assessment No.:
<b>8. Location of Business Operations:</b>
Street, Number, Direction (N, S, E, W) and Name
Unit or Apt. #
Place of Incorporation or Formation

<b>9. E-mail Address:</b>
Website Address:
<b>10. Mailing Address:</b>
P.O. Box
Settlement
Island
<b>11. Location(s) of Business Operations</b>
Street, Number, Direction (N, S, E, W) and Name
Unit or Apt. #
Settlement
Island

12. List ALL Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if needed. (If others, please provide on a separate sheet.)

Last, First, MI:

Residence Address (Street)

NIB#

Title #

Percent Owned

Settlement

Island

Residence Telephone

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13. Date Business Started (D/M/Y):

Number of Employees:

14. **TYPE OF BUSINESS (Please see attached instruction form.)**

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15. DESCRIBE PRODUCT(S) SOLD OR SERVICE(S) PROVIDED

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16.

**FINANCIAL INFORMATION**

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Financial Information for Period of Operation in Prior Year:

Turnover  Gross Premium \$

Tax Payable: \$

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**17. I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF**

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Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.

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\*\*Signature Responsible Party/Original

Print Name And Title

Date (D/M/Y)

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\*\*Signature Financial Certification (where applicable)

Print Name And Title

Date (D/M/Y)

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**FOR OFFICIAL USE ONLY**

**Application Completed:**

If Yes, State Date:

If No, Give Reason

Checks/Controls Completed by: \_\_\_\_\_ Date \_\_\_\_\_  
(Officer's Name)

Approval Granted by: \_\_\_\_\_ Date \_\_\_\_\_  
(Officer's Name)

COMMENTS:

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**MINISTRY OF FINANCE**
**FORM B****APPLICATION FOR AN APPEAL****TO THE BUSINESS LICENCE REVIEW BOARD**

NOTE: All applications for an appeal to the Review Board must be served on the Secretary within twenty-one days of the Secretary's decision.

APPLICATION FOR (check one):

- Appeal of Secretary's decision to refuse a licence
- Appeal of Secretary's decision to grant a licence
- Appeal of Secretary's decision in respect of a business name
- Appeal of Secretary's decision to disallow an objection to an assessment
- Appeal of Secretary's decision to suspend, revoke, amend or cancel a licence

STATE SECRETARY'S DECISION AND DATE OF DECISION:

\_\_\_\_\_

\_\_\_\_\_

GROUNDS OF APPEAL (please state in detail the specific grounds for the appeal against the secretary's decision)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**MINISTRY OF FINANCE**

**FORM C (Regulation 3)**

**BUSINESS LICENCE**

**(issued under Business  
Licence Act)**

Ch. 329.

Ch. 329.

Pursuant to section \_\_\_\_\_ of the  
Business Licence Act \_\_\_\_\_ is  
hereby granted a licence to practice/carry on the profession/  
occupation/business  
at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

subject to the terms and conditions specified in that Act and subject  
also to the special terms and conditions following, that is to say:

- the Licensee has paid the business licence tax as assessed
- the Licensee has maintained the pre-required certification by other government and regulatory agencies

Granted this \_\_\_\_\_ day of \_\_\_\_\_, 20

By and with the authority of the Secretary for Revenue

\_\_\_\_\_  
Secretary for Revenue



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**SECOND SCHEDULE**  
**ADMINISTRATIVE FEES**

	\$
Replacement copy of licence	10.00
Examination of register	10.00
Certified extract or copy of entry from the register	10.00
Notice of Appeal to Review Board	100.00