



**MINISTRY OF FINANCE  
Business Licence Division  
BUSINESS REGISTRATION**

**Form A**

*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.*

1.	<b>Applying For:</b>	<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"/> Other	<input type="checkbox"/> Temporary
2.	<b>Business Entity Type:</b>	<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		
3.	<b>Trading As:</b>										
4.	<b>Requesting Trade Name:</b>	1.			2.			3.			
5.	<b>Individual/Company/Entity Name &amp; Contacts:</b>					<b>Cellular:</b>		<b>7.</b>		<input type="checkbox"/> Bahamian	<input type="checkbox"/> Foreign
						<b>Telephone:</b>				<b>NIB #:</b>	
						<b>Facsimile:</b>				<b>Control #:</b>	<b>Assessment No.:</b>
8.	<b>Location of Business Operations:</b>	Street, Number, Direction (N, S, E, W) and Name			Unit or Apt #		Place of Incorporation or Formation				
9.	<b>E-mail Address:</b>					<b>Website Address:</b>					
10.	<b>Mailing Address:</b>	P.O. Box			Settlement			Island			
11.	<b>Location(s) of Business Operations:</b>	Street, Number, Direction (N, S, E, W) and Name			Unit or Apt #		Settlement		Island		
12.	<b>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)</b>										
	Last, First, MI :		Residence Address (Street)					NIB #			
	Title		Percent Owned		Settlement		Island		Residence Telephone		
	Last, First, MI :		Residence Address (Street)					NIB #			
	Title		Percent Owned		Settlement		Island		Residence Telephone		
13.	<b>Date Business Started (D/M/Y):</b>			Number of Employees:							
14.	<b>TYPE OF BUSINESS (Please see a attached instruction form.)</b>										
15.	<b>DESCRIBE PRODUCT(S) SOLD OR SERVICE(S) PROVIDED</b>										
16.	<b>FINANCIAL INFORMATION</b>										
	<b>Financial Information for Period of Operation in Prior Year:</b>										
	<input type="checkbox"/> Turnover			<input type="checkbox"/> Gross Premium			₤				
						<b>Tax Payable:</b>		₤			
17.	<b>I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>										
	<small>**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.</small>										
	<b>**Signature Responsible Party / Original</b>				<b>Print Name And Title</b>				<b>Date (D/M/Y)</b>		
	<b>**Signature Financial Certification (where applicable)</b>				<b>Print Name And Title</b>				<b>Date (D/M/Y)</b>		
<b>FOR OFFICIAL USE ONLY</b>											
<b>Application Completed?</b>		If Yes, State Date:				If No, Give Reason					
<b>Checks/Controls Completed by:</b>				<i>(Officer's Name)</i>				<b>Date:</b>		<i>(D/M/Y)</i>	
<b>Approval Granted by:</b>				<i>(Officer's Name)</i>				<b>Date:</b>		<i>(D/M/Y)</i>	
<b>Comments:</b>											