

TRADE & BUSINESS LICENCE

APPLICATION CHECK LIST

Trade & Business Licensing Unit

TYPE OF APPLICATION (TICK ONE)

☐ INCENTIVE APPLICATION

☐ REGULAR APPLICATION

PLEASE FILL OUT FORM AND ATTACH TO ALL APPLICATIONS

A	SMALL/MICRO BUSINESS INCENTIVE	B	CITES TRADER
<input type="checkbox"/>	Health Insurance Certificate** (Incentive Grant and Renewal)	<input type="checkbox"/>	Trading in CITES-Listed Products. Click to obtain a CITES: ▪ CITES Trader Registration Form ▪ CITES Trader Brochure ▪ CITES Endangered species (Trade & Transport) Law, 2004 For other CITES-related queries, please email citesma@gov.ky or call 244-2204.
<input type="checkbox"/>	Business Plan (Incentive Grant)		
<input type="checkbox"/>	Pension Certificate (Incentive Renewal)		
C	REGISTERED COMPANY		
<input type="checkbox"/>	Memorandum and Articles of Association	<input type="checkbox"/>	Application Duly Completed **
<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Register of Directors/ Annual Returns** (must be at least 60% Caymanian)	<input type="checkbox"/>	Licensing Fee/ Filing Fee
<input type="checkbox"/>	Return of Shareholder/ Annual Returns** (must be at least 60% Caymanian-owned)	<input type="checkbox"/>	Strata Approval (if Residential)
<input type="checkbox"/>	Change of Directorship	<input type="checkbox"/>	Change in Shares
<input type="checkbox"/>	Due Diligence Directors/ Shareholders *	<input type="checkbox"/>	Proof of Status for Shareholders (Birth or Status Certificate/ Passport)
<input type="checkbox"/>	Department of Environment Health Approval	<input type="checkbox"/>	Central Planning Approval - (if Residential)
<input type="checkbox"/>	Police Clearance (Grants only)	<input type="checkbox"/>	Head of Department Annual Approval (Government Employees only)**
<input type="checkbox"/>	Port Authority Approval (Boats/ Vessels)	<input type="checkbox"/>	Lease Agreement (if Commercial)
<input type="checkbox"/>	Outsourced Employee List (T&B Agent Category)	<input type="checkbox"/>	Medical Practice Commission Board
		<input type="checkbox"/>	Public Transport Board (PTB) Approval
D	SOLE TRADER		
<input type="checkbox"/>	Proof Applicant is Caymanian (Birth or Status Certificate/ Passport)	<input type="checkbox"/>	Application duly completed **
<input type="checkbox"/>	Central Planning Approval - (if Residential)	<input type="checkbox"/>	Cover Letter
<input type="checkbox"/>	Department of Environment Health Approval	<input type="checkbox"/>	Licence Fee/ Filing Fee
<input type="checkbox"/>	Exact Location (include Block & Parcel)	<input type="checkbox"/>	Health Insurance Certificate **
<input type="checkbox"/>	Lease Agreement (if Commercial)	<input type="checkbox"/>	Pension Certificate (Renewal)
<input type="checkbox"/>	Police Clearance (Grants only)	<input type="checkbox"/>	Strata Approval (if Residential)
<input type="checkbox"/>	Bank Reference (Grants & Name Amendments)	<input type="checkbox"/>	Medical Practice Commission Board
		<input type="checkbox"/>	Public Transport Board (PTB) Approval
		<input type="checkbox"/>	Port Authority Approval (Boats/ Vessels)
		<input type="checkbox"/>	Head of Department Annual Approval (Government Employees only)**
E	LOCAL COMPANIES (CONTROL) LICENCE	<input type="checkbox"/>	Outsourced Employee List (T&B Agent Category)

☐ Two Advertisements

☐ Due Diligence *

☐ Resume

☐ Cover Letter

☐ Application Form

KEY

* = Bank Reference, Resume, Police Clearance (Grants only),
Certified Colour Copy of Passport, 1 Character References

** = Required for both Grants and Renewal

FOR OFFICIAL USE ONLY

☐ GRANT ☐ RENEWAL TB _____
☐ Listed Date _____
☐ Missing Info. Date _____



Trade & Business Licensing Unit

Section 18 (8)

A person shall not -

- a) in relation to any application submitted pursuant to this section; or
 b) in relation to any information or particulars that the person is required to furnish pursuant to this section make any representation or statement that the person knows is false or misleading in material particular.

APPLICATION FOR THE GRANT OR RENEWAL OF A
TRADE & BUSINESS LICENCE

In accordance with the Trade & Business Licensing Law, 2014 Section 17 & 18 and (Amendment of Schedule) Order, 2015

Please mail/deliver this form, accompanied by the relevant fee & required documentation to:

The Secretary | Trade & Business Licensing Unit

Department of Commerce & Investment

133 Elgin Avenue, Government Administration Building, Suite 126

George Town, Grand Cayman, Cayman Islands

Tel: (345) 945.0943 Fax: (345) 945.0941

Email: licensing@dc.gov.ky Website: www.dci.gov.ky

A APPLICATION DETAILS**BUSINESS TYPE:**

- ☐ INCENTIVE
☐ MICRO
☐ SMALL

Name (in BLOCK LETTERS) _____

District: _____

Annual gross revenue preceding fiscal year CI\$: _____
(This section is to be filled in for incentive only)

Number of employees: _____ (including part-time and temporary employees)

Please refer to the guidance leaflet before completing this form. This form must be completed in CAPITAL LETTERS.

1. Name of Company _____ 2. Trade Name _____
 3. Mailing Address: (Business) _____
 4. Telephone: (Main) _____ (Primary Contact) _____ (Emergency) _____
 5. Email: (Primary) _____ (Director/Manager) _____
 6. Would you like to receive communication material from DCI? ☐ YES ☐ NO
 7. I hereby apply for the ☐ GRANT ☐ RENEWAL of a Licence under the Trade and Business Licensing Law, 2014 to carry on the business of:
 (i) Nature and type of business being conducted: _____

Please note: failure to provide this information will result in the application being returned to the Applicant.

B BUSINESS DETAILS

1. If the business is categorised as Retail/ Merchant/ Wholesaler, please specify the size of the selling area in sq. ft.: _____
 2. If the business is categorised as a Baker, please specify the number of employees: _____
 3. If the business is categorised as a Contractor, please specify the number of employees: _____
 4. If the business is categorised as an Accountant, please specify the number of accountants: _____
 5. If the business is categorised as an Agent, please specify the number of agents: _____
 6. If the business is categorised as a Restaurant please specify the seating capacity: _____
 7. Please identify the type of premises of your business: ☐ RESIDENTIAL ☐ COMMERCIAL Location of Business ON-ISLAND: _____
 8. Exact location of Business Premises: (i) Block and Parcel: _____ (ii) Building Name and Number: _____
 (iii) Street Name and Number _____ (iv) District: _____
 9. Is this location different from last year? ☐ YES ☐ NO
 10. For identification purposes, please provide copies of passports for all Shareholders and Directors (grant only): _____
 11. Names, dates of birth, and nationality for all Shareholders and Directors: _____
 12. Due diligence on all Shareholders, Directors and Partners: _____
 13. Change in shares or directorship: _____
 14. ISIC CODE *Internal only* _____ 15. CITES Trader ☐ YES ☐ NO

C DECLARATION

In making this application I hereby declare that (tick the appropriate box):

- i. ☐ the applicant is Caymanian (including persons possessing the Right to be Caymanian or Caymanian Status).
- ii. ☐ the Applicant has applied for the Local Companies (Control) Licence if such a Licence is required under the Local Companies (Control) Law (2007 Revision).
- iii. ☐ the Applicant is not, under the provisions of the Trade & Business Licensing Law, 2014 or any other law, disqualified from holding the licence sought in this application.

The appropriate fee of CI\$ _____ is enclosed herewith.

Signature _____ Date _____

TO THE BEST OF MY KNOWLEDGE I DECLARE THE CONTENTS OF THIS APPLICATION TO BE A TRUTHFUL STATEMENT

Non Refundable CI\$75

N.B. (i) In the case of a Partnership, including a Limited Partnership (in which case a 'partner' includes a General and a Special Partner), the Application should be tendered by the precedent partner only, with details of each listed and attached.

(ii) The applicant's attention is drawn to the provisions of section 7 of the Local Companies (Control) Law (2007 Revision) which requires that a return of shareholding be forwarded to the Secretary of the Trade & Business Licensing Board when applying for the Grant/ Renewal of a Licence.

(iii) Please ensure you submit a stamped copy of the return of the shareholder from the General Registry.

D CHECK LIST

- ☐ HEALTH INFORMATION FORM (INCENTIVE GRANT AND RENEWAL)
- ☐ BUSINESS PLAN (INCENTIVE GRANT ONLY)
- ☐ PENSION CERTIFICATE OF GOOD STANDING (RENEWAL)
- ☐ PLANNING APPROVAL:
☐ ATTACHED ☐ ON FILE
- ☐ DEH APPROVAL
- ☐ PTB APPROVAL
- ☐ OTHER APPROVAL _____

DUE DILIGENCE REQUIREMENTS FOR GRANT OR NEW SHAREHOLDERS, DIRECTORS AND PARTNERS

- ☐ 1 CHARACTER REFERENCE ☐ BANK REFERENCE ☐ RESUME ☐ POLICE CLEARANCE

E EXPEDITE

- ☐ EXPEDITED

INCLUDES

- ☐ CI\$400.00 IN ADDITION TO RELEVANT LICENCE FEE (GRANT)
- ☐ CI\$100.00 IN ADDITION TO RELEVANT FEE (RENEWAL)

Small/Micro Business Plan Overview

The Trade & Business Licensing (Amendment of Schedule) Order, 2014

Section 7 (a),(b),(c)

Pursuant to section 7 of the Trade & Business Licensing (Amendment of Schedule) Order, 2014 "Applicants for a licence under this Law for the first time that qualify as micro or small businesses and are seeking to access the reduction in fees are required to provide documentary proof of projections in a business plan showing:

- a) *The description of the business and its principals, its product or service, the market it will serve, the owners, and its projected start-up date;*
- b) *The projected number of employees in the first year; and*
- c) *The projected revenue and profit in the first year.*

Please complete all the required information:

Name of Applicant/s: (Last, MI, First)	
Trade or Business Name:	
Start date: (DD/MM/YYYY) (For new businesses estimated/projected start date)	
Description of Business: (Details on type & scope of business operations)	
Business Principals/Owners: (Names, Nationality)	
List of Products or Services provided: (General example list of type of products or services)	
Number of Employees: (For new businesses estimated/projected number of employees for first year)	
Registered Business Location: (Location provided on T&B Application form)	
Projected Revenue: (For new businesses, within the first year – CI\$)	

Signature: _____

Date: _____



HEALTH INSURANCE COMMISSION

CERTIFICATE OF COMPLIANCE – HEALTH INSURANCE

Section A – To be completed by Employer

Name of Employer: _____ T/A _____

Name of Approved Insurer _____

Employee	Policy Number	Certificate Number	Effective Date

*Continue on a separate sheet if necessary

Employer's Declaration:

We, _____, declare that the above-stated information provided is correct and to the best of our knowledge and belief. We are aware that it is a criminal offence to make a statement or representation that is false in a material fact which we know to be false or do not believe to be true.

Print Name of Employer/Principal

Authorized Signature
(Signature of an agency or other
representative acting on behalf
of the employer will **not** be accepted)

Date

Section B – To be completed by Approved Insurer

We, _____ confirm that the health insurance premiums are paid in full for the above-stated insured person(s) in agreement with our Company's records, as at the time of this document being completed and signed by us.

Print Name of Approved Insurer

Authorized Signature
(of Approved Insurer)

Date

Official Date
Stamp of
Approved
Insurer

FOR OFFICIAL USE:

Received By:

Date:

2-Feb-16