

**ANTIGUA & BARBUDA**



**THE NATIONAL PARKS (TRADING) REGULATION, 2014  
STATUTORY INSTRUMENT**

**ANTIGUA & BARBUDA  
APPLICATION FOR NATIONAL PARKS TRADING LICENCE**

**Part A – To be completed if Applicant is an Individual or Partnership**

1. Full Name of Applicant (s): \_\_\_\_\_
2. Trading Name of business: \_\_\_\_\_
3. Social Security No: \_\_\_\_\_
4. Medical Benefits No: \_\_\_\_\_
5. Passport No: \_\_\_\_\_ Place & Date of Issue: \_\_\_\_\_
6. Residential Address & Tel. No. \_\_\_\_\_
7. Work Permit No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
8. Nature/Type of business: \_\_\_\_\_
9. Address & Tel. No. of business: \_\_\_\_\_  
\_\_\_\_\_
10. Email address: \_\_\_\_\_
11. Trade or Business License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*Applicant shall be required to present 2 items of picture ID including a passport**



\*Paragraph 21 must be supported by a certificate issued by the Director of Social Security, the Chief Executive Officer of the Medical Benefits Scheme and the Executive Director of the Board of Education.

**Part C – To be completed by all Applicants**

22. Nature/Type of business to be conducted in the Park: \_\_\_\_\_

23. Location of business in the Park: \_\_\_\_\_

24. Date of commencement of business or date on which business is likely to commence: \_\_\_\_\_

25. Tax identification No: \_\_\_\_\_

26. ABST Registration No. \_\_\_\_\_

27. Number of persons employed or to be employed \_\_\_\_\_

28. No. of years Applicant has been carrying on business in Antigua & Barbuda \_\_\_\_\_

29. Particulars of Shareholders/Owners/Partners

Name (First, Middle and Surname)	Percentage of Shares/Ownership	Residential Address	Occupation	Nationality of Origin

**(Please attach separate sheet to continue further Shareholders/Owners/Partners details, if necessary)**

30. Have you or any Director or Shareholder/Owner/Partner been granted a licence by the Authority?

[            ] yes                            [            ] no      If yes, when: \_\_\_\_\_

31. Have you /any director/shareholder/partner been convicted of drug, money laundering, financing of terrorism, or assault offence in Antigua & Barbuda in the past

[ ] 2 years [ ] 5 years [ ] no

32. Has your licence ever been revoked by the Authority?

[ ] yes [ ] no If yes, when: \_\_\_\_\_

33. Character References

Please provide names addresses, occupation of two persons in Antigua & Barbuda who have known the Applicant for not less than five years:

\*The two persons must be persons practicing a recognized profession in Antigua and Barbuda and personally known to the applicant.

Full Name (First, Middle and Surname)	Residential Address	Telephone Number

**Certification**

The undersigned hereby certifies that the information contained in this form and in the accompanying attachments is true and correct to the best of my knowledge, information and belief. The undersigned agrees to notify the Authority of any material change thereto.

Dated..... day of ..... 20.....

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position/Designation