

3.

**Business License** 

## REQUEST BUSINESS LICENSE SINT EUSTATIUS, N.V/B.V

The 'Business Establishment Act BES' (Wet Vestiging Bedrijven BES) requires each person (s) or entity that wishes to establish a business on St. Eustatius to be in possession of a valid business license.

To apply for a Business license or Director's license this application should be fully completed and accompanied by the documents listed on the back of this form.

Incomplete forms will not be accepted nor processed. Last name applicant/ Authorized representative: First name: Complete Address: Date and place of Birth: Requester not registered on St. Eustatius an extract basic information is needed from Civil Affairs Nationality: Telephone number: Correspondence address: Email address: Function of the applicant Authorized representative Owner Director (Natural / legal) Type of request: 2 New request NV/BV o Purpose expansion (see 3,4,5,) (see 3,4,5d,5e,5f,5g) Transferring Sole Changing of address Proprietorship (see 3,4,5d,5f) to NV/BV Changing of purpose (see 3,4,5d,5e,5f,5g) (see 3,4,5d,5e,5f,5g) Transferring NV /BV to Adding/Revoking Directors Sole Proprietorship (see 3,4,5d,5e,5f,5g) (see 3,4,5d,5f,5g) License revocation Branch expansion (see 3,4,5d,5f) (see 3,4,5b,5d,5e,5f,5g) Changing of name (see 3,4,5d,5e,5f)

Director License (see form Director License)

_						
4.	Busines	ss Name:				
	Rusinos	ec purposos:				
		ss purposes: ss Situated on:		be prepared within the Union the address provided,	O Ownership of land Name owner/Meetbrief#: nit based on the Spatial , if the purposes can be executed.	
Plea 5.	Please enclose a copy of the following documents: 5.					
	<ul> <li>Financial Plan (b)</li> <li>Curriculum Vitae applicant (attached CV and copies of relevant diplomas or other documents) (c)</li> <li>Excerpt registration at Chamber of Commerce (d)</li> </ul>					
					omas or other documents) (c)	
	Articles of Incorporation (NV/BV) (e)					
	Copy of existing License(s) (f)					
	o Copy of payment processing fee (g)					
				ne requested License as desc nated costs and fees to the pu		
This	documen	t has been filled in	truthfully.			
Signa	ature,		Date:			

## **APPLICATION DIRECTORS LICENSE**

O Owner/Sharehold	er O Director			
Surname:				
Name(s):				
ID number:				
Date and Place of birth:				
Nationality:				
Correspondence address:				
Telephone number:				
Fax number:				
Email address:				
Please enclose the following documents:				
<ul> <li>Requester not reginal Affairs</li> </ul>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	17 1 (7			
<ul> <li>Copy of payment  </li> </ul>	processing fee			
	on annication for the manusated linears on described above. Du			
gning this form, I agree with t	ne application for the requested License as described above. By			
ving the License I undertake t	p pay the associated costs and fees to the public entity Sint Eustatius.			
document has been filled in ti	uthfully.			
ture,	Date:			