

REPUBLIC OF VANUATU

BUSINESS LICENCE (APPLICATION IN SHORT FORM)
ORDER No. 19 OF 1988

To provide for a business licence application in short form.

IN EXERCISE of the powers conferred by section 4(1) of the Business Licence Act No. 25 of 1983, I hereby make the following Order:-

APPLICATION IN SHORT FORM

1. (1) The application in short form set out in the Schedule may be used for applying for the issue or renewal of a business licence.
- (2) Such an application may be used instead of the application in full form prescribed under the Business Licence (Forms and Fees) Order No. 80 of 1983.
- (3) The approval of the licensing authority shall be obtained before an application in short form is used.


REPEAL

2. The Business Licence (Applications in Short Form) Order No. 49 of 1984 is repealed.

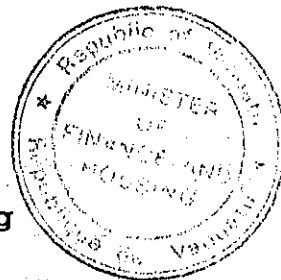
COMMENCEMENT

3. This Order shall come into force on the date of its publication in the Gazette.

MADE at Port Vila, this 25th day of May, 1988.


SELA MOLISA

Minister of Finance and Housing



SCHEDULE

APPLICATION IN SHORT FORM

REPUBLIC OF VANUATU

BUSINESS LICENCE
APPLICATION FORM

As prescribed under sections 3 & 4
of the Business Licence Act
No.25 of 1983

LICENSING AUTHORITY:
.....

RENEWAL NEW (Tick as appropriate)
If renewal, provide last year's
licence Nos below
.....
.....

LICENSING YEAR

A separate application is
required for business activities
in (a) Port Vila Municipality
(b) Luganville Municipality and
(c) each of the Local Government
Council areas.

FOR OFFICIAL USE			
DATE RECEIVED:			
DATE ACKNOWLEDGED:			
LICENCES APPROVED			
Premises	Categories	Licence No.	Fee Due(VT)
Conditions imposed:		Total payableVT	receiptNo.
Approved by:		Date approved	Receipt Date

SECTION I: Concerning BUSINESS CONSTITUTION

1. TYPE OF BUSINESS: (please indicate by placing a tick in appropriate panel).	SOLE TRADER		S.A.R.L.	
	PARTNERSHIP		S.A.	
	LIMITED COMPANY		SOCIETE CIVILE	
	TRUST		OTHER TYPE: (Please specify)	

2. SOLE TRADERS: Name of Proprietor:.....

(Indicate by a tick)

Indicate if Citizen:	Non-Citizen:
----------------------	--------------

3. PARTNERSHIPS:

(a) Names of citizen partners: 1.
2.
3.

(b) Names of non-citizen partners:
1.
2.
3.

4. LIMITED COMPANIES) Company name:.....
 S.A.R.L.s) Address of registered office
 S.A.s)
 SOCIETES CIVILES) Is control of the company in the hands of
 non-citizens? YES/NO (delete as appropriate).

5. BUSINESS OR TRADING NAME:.....
 (if different from 2,3 or 4 above)

Is this name registered with the Registrar of Business Names? YES/NO (delete as appropriate)

6. ADDRESS for service of notices etc.

SECTION II: Concerning BUSINESS PREMISES and ACTIVITIES

1. (a) CATEGORIES OF ALL BUSINESS ACTIVITIES
 TO BE CARRIED ON IN THE LICENSING YEAR

Location of PREMISES in which activity to be carried out	DESCRIPTION of Business Activity	First Schedule ReferenceNo.
.....
.....
.....
.....

1. (b) If you are unable to place your business activities into an appropriate category described in the First Schedule to the Act, please give a description of your business activities and the premises in which they will be carried on:-

.....

1. (c) State which is the principal activity of those given in 1(a) or (b):-

.....

1. (d) State which, if any of the activities given in 1(a) or (b) is of such minor extent that it is only incidental to your main activities:-

- (i) Minor activity:.....
- (ii) Proportion of business turnover:.....

2. DATES OF COMMENCEMENT OF
 NEW BUSINESS ACTIVITIES IF
 LATER THAN 1ST JANUARY
 OF THE LICENSING YEAR

3. NUMBERS TO BE EMPLOYED IN THE BUSINESS
 (The average number of permanent employees to be employed, measured in full-time equivalents)

Location of Premises in which employees will work:	Business Category	No. Employees	
		Citizens	Non Citizens
(i)			
(ii)			
(iii)			
(iv)			

4. LOCAL MANAGEMENT. Please provide the name of the person responsible for the general management of the business from day to day
 Is he/she a citizen? YES/NO (delete as appropriate). IF NO, please provide his/her:
 Residency Permit No:.....Occupation per the Permit:.....
 Expiry Date:..... Employer per the Permit:.....

5. DETAILS OF PREMISES USED IN THE BUSINESS BUT LEASED FROM OTHERS.
 (i.e. Premises not owned by the business)
 If you own the premises please write "OWNER" below

LOCATION & DESCRIPTION OF PREMISES	NAME OF LESSOR OR LANDLORD
.....
.....
.....

SECTION III concerning IMPORTS AND EXPORTS

1. IMPORTS	Declaration of annual value of goods to be imported in the licensing year (CIF value)	Actual value of imports in previous licensing year (CIF value)	Category of import licence held for previous licensing year
IMPORTS ASSESSABLE FOR IMPORTER'S LICENCE (separate details are required for each category) i.e. D1, D2 & D7. (i) Goods for re sale without transformation → (applies to D1,D2-D7 applications)			

(ii) Food stuffs and drinks for re sale by hotels, motels, cafes and restaurants (applies to D1 applications)

IMPORTS EXEMPT FROM IMPORTERS LICENCE

(i) Goods for use in, or transformation by the business (see First Schedule, side notes D1 (ii) (a) & (b))

(ii) Bonded goods subsequently to be exported wholesale (see First Schedule side note D1(v))

TOTAL IMPORTS

	VT	VT

2. EXPORTS

Annual value of goods to be exported for which a D14 or D15 licence is required.

Note: excludes the value of goods to be exported by producers or manufacturers which have been produced or manufactured by themselves.

(a) Locally produced fruits & vegetables).....VT (D14 Licence required)

(b) Other controlled products.....VT (D14 Licence required)

(c) Other productsVT (D15 Licence required)

TOTAL VALUE of Goods for which export licence is requiredVT

SECTION IV: concerning OTHER APPLICATIONS FOR BUSINESS LICENCES

Indicate below what other applications for a business licence have been or will be made in respect of the licensing year, to other licensing offices:-

Give the following details of applications made:

	Business Category	Location of Business	Applications to:-		
			Vila Licensing Office	Santo Licensing Office	Local Government Council
1					
2					
3					
4					
5					
6					

Please place ✓ above as appropriate

SECTION V APPLICANT'S DECLARATION

I hereby declare that to the best of my knowledge and belief, the information provided in sections I, II, III & IV of this application form and in any supporting schedules, is correct.

Date

Signature of Applicant

Name of Applicant (Print)

Status of Applicant:

(e.g. Proprietor, Manager, Director, Partner etc...)

NOTE: This application form is designed to provide the licensing authority with sufficient information to enable the business licence fee to be calculated and to make an initial assessment of an applicant's eligibility to a licence. Consequently applicants may be requested to provide further information in accordance with any order which may be prescribed by the Minister of Finance.

WARNING: THE ATTENTION OF APPLICANTS IS DRAWN TO:-

Section 4(2) of the Business Licence Act No.25 of 1983, which provides for a fine not exceeding VT100,000 or to imprisonment in the event of a false statement being made on this application without reasonable cause for believing it to be true.

Section 13(5) of the Act which requires a Proprietor to notify the Licensing Authority of any change occurring during the licensing year in the nature or extent of the business which would render the Proprietor liable to a different licence fee.

Accordingly, Proprietors should maintain adequate records of their import values and of numbers of persons employed in the business, in order to fulfil this statutory duty.

CATEGORY D3 Retailer or Wholesaler

Does this business retail or wholesale any goods on behalf of another business whether through a consignment, agency or other arrangement?

YES/NO (delete as appropriate)

IF YES, please state:

Name of the other business

Nature of the goods

CATEGORY D3 (a) General Retailer or Wholesaler

Has there been any change in ownership of the business, or in the shareholding or control of a partnership or company which owns the business since the last Application Form was lodged?

YES/NO (delete as appropriate).

IF YES, please attach full details of the change.

CATEGORY D8 For Hotels and Motels

(a) specify the number of rooms available for letting:

(a suite of rooms let as one unit counts as one room)

(b) specify the total seating capacity of restaurants and cafes in the hotel:

CATEGORY D9 For Cafes & Restaurants

(not in hotels)

Please specify the seating capacity in each restaurant or cafe:

Premises	Seating Capacity

BUSINESS LICENCE APPLICATION FORM - SCHEDULE 2 - CLASS E

CLASS E

E.1 Air Transport Operators within Vanuatu

Give the following details for every aeroplane operated:

Type make & model		Registration No.	Seating Capacity	Type make & model		Registration No.	Seating Capacity
1	6	.....	.....	.....
2	7	.....	.....	.....
3	8	.....	.....	.....
4	9	.....	.....	.....
5	10	.....	.....	.....

E.2 Ship & Boat Owners and Operators

(Applies to all vessels used for transport of fare paying passengers and or cargo and to any vessel used for trading).

Give the following details for every vessel operated:

Name of ship or boat		Registration No.	Gross tonnage	Name of ship or boat		Registration No.	Gross tonnage
1	6	.....	.....	.....
2	7	.....	.....	.....
3	8	.....	.....	.....
4	9	.....	.....	.....
5	10	.....	.....	.....

E.3 Road Transport Operators

(includes transport contractors, bus, taxi operators excluding vehicles used for tour operation for which an E4 is required).

Give the following details for every vehicle operated:

Type, make & model of vehicle	Taxi or Bus	Registration No.	Max. Passenger Capacity
1
2
3
4

E.8 Travel Agent

Please show the total number of persons working in the business, including the principal, any partners and all employees (based on full time equivalents)

Number of Citizens	Number of Non-Citizens	Total Number
.....

BUSINESS LICENCE APPLICATION FORM - SCHEDULE 2 - CLASS E

E.4 Owners and Operators of boats and vehicles used for tours and recreation

Includes yachts, catamarans, dinghies, power boats, but excludes paddle boats, canoes and windsurfers.

Give the following details for every vehicle & boat operated:

	Type, make & model of vehicle or boat	Registration No.(if any)	Max.Passenger Capacity
1
2
3
4
5
6
7
8
9
10
11
12

E.5 Hire Car Operators

(With or without driver).

Give the following information for every vehicle or bicycle:

	Type, make & model of vehicle/ bicycle	Registration Number	Cubic capacity C.C.
1
2
3
4
5
6
7
8
9
10
11
12

BUSINESS LICENCE APPLICATION FORM - SCHEDULE 3 - CLASSES F, G & I

CLASS F Financial Institutions, Insurance & Real Estate, Business Services.

CLASS G Repair Services and Social, Recreational and Personal Services.

Please show the total number of persons working in the business including the principal, any partners and all employees (based on full time equivalents)

Number of Citizens	Number of Non-Citizens	Total Number

CATEGORY F2 Financial Institutions, Finance Companies, Investment and Trust Companies, Investment and Commodity Brokers and Underwriters.

Please show:

- (i) Estimated annual turnover for the licensing year ... (in Vatu)
- (ii) Annual turnover for the previous licensing year ... (in Vatu)
- (iii) Total turnover as per the last Annual Report lodged with the Registrar and Receiver General ... (in Vatu)

CATEGORY F3 Insurers

CATEGORY F4 Insurance Brokers, and Agents and Representatives of Insurance Companies

Separate licences must be obtained for the principal place of business in Vanuatu and for each branch in Vanuatu.

CLASS I Utilities

Please show:

- (i) Estimated annual turnover for the licensing year ... (in Vatu)
- (ii) Annual turnover for the previous licensing year ... (in Vatu)
- (iii) Total turnover as per the last Annual Report ... (in Vatu)