

GOVERNMENT OF ST. CHRISTOPHER AND NEVIS
INLAND REVENUE DEPARTMENT



NON-INDIVIDUAL ENTERPRISE REGISTRATION FORM

ENTERPRISE TYPE: _____
CORPORATION, PARTNERSHIP, NON-PROFIT, JOINT VENTURE, TRUST

REGISTERED NAME: _____

REGISTRATION NUMBER: _____ COURT REGISTRATION DATE: D ___ M ___ Y ___

TRADE NAME: _____

WORK PHONE [S]: _____

START DATE: D ___ M ___ Y ___ CLOSE DATE: D ___ M ___ Y ___

FISCAL YEAR START: D ___ M ___ FISCAL YEAR CLOSE: D ___ M ___

RESIDENT: YES ___ NO ___

LOCAL MAILING ADDRESS
STREET: _____

CITY/VILLAGE: _____ PARISH: _____

ISLAND: [ST. KITTS] OR [NEVIS]

FOREIGN PARENT

PARENT NAME _____

STREET: _____

CITY: _____

COUNTRY: _____

TRADE TYPE: _____
WHOLESALE, RETAIL, MANUFACTURING, SERVICE

BUSINESS ACTIVITY: _____
RESTAURANT, INSURANCE, TRANSPORT

FINANCIAL INFORMATION

FINANCIAL INSTITUTES/
BANKS/CREDIT UNIONS

NAME: _____

STREET: _____

CITY/VILLAGE: _____ PARISH: _____

COUNTRY: _____ POSTAL CODE: _____

ACCOUNT NUMBERS: _____

ESTIMATED INSTALLMENT AMOUNT: \$ _____

REPRESENTATION

REPRESENTATIVE NAME: _____

REPRESENTATIVE TYPE: _____
GUARDIAN, LIQUIDATOR, TRUSTEE, AGENT, LAWYER, PRESIDENT, OTHER

REASON FOR REPRESENTATION: _____
MINOR, LIQUIDATION, NON-RESIDENT, DECEASED, LEGALLY HANDICAPPED, OTHER

CONTACT NAME: _____

CONTACT TITLE: _____

(1) ENTERPRISE ESTABLISHMENTS (AT LEAST ONE HEAD OFFICE MUST BE ENTERED)

NAME: _____ HEAD OFFICE: YES ___ NO ___

STREET: _____ CITY/VILLAGE: _____

STOCK VALUE: _____ ESTIMATED SALES LEVEL: _____
DRY STOCK AND LIQUOR

LIQUOR LICENCE REQUIRED:

HOTEL: ___ NIGHT CLUB: ___ RETAIL: ___ WHOLESALE: ___ RESTAURANT: ___ TAVERN: ___

(2) ENTERPRISE ESTABLISHMENTS (AT LEAST ONE HEAD OFFICE MUST BE ENTERED)

NAME: _____ HEAD OFFICE: YES ___ NO ___

STREET: _____ CITY/VILLAGE: _____

STOCK VALUE: _____ ESTIMATED SALES LEVEL: _____
DRY STOCK AND LIQUOR

LIQUOR LICENCE REQUIRED:

HOTEL: ___ NIGHT CLUB: ___ RETAIL: ___ WHOLESALE: ___ RESTAURANT: ___ TAVERN: ___

(3) ENTERPRISE ESTABLISHMENTS (AT LEAST ONE HEAD OFFICE MUST BE ENTERED)

NAME: _____ HEAD OFFICE: YES ___ NO ___

STREET: _____ CITY/VILLAGE: _____

STOCK VALUE: _____ ESTIMATED SALES LEVEL: _____
DRY STOCK AND LIQUOR

LIQUOR LICENCE REQUIRED:

HOTEL: ___ NIGHT CLUB: ___ RETAIL: ___ WHOLESALE: ___ RESTAURANT: ___ TAVERN: ___

(4) ENTERPRISE ESTABLISHMENTS (AT LEAST ONE HEAD OFFICE MUST BE ENTERED)

NAME: _____ HEAD OFFICE: YES ___ NO ___

STREET: _____ CITY/VILLAGE: _____

STOCK VALUE: _____ ESTIMATED SALES LEVEL: _____
DRY STOCK AND LIQUOR

LIQUOR LICENCE REQUIRED:

HOTEL: ___ NIGHT CLUB: ___ RETAIL: ___ WHOLESALE: ___ RESTAURANT: ___ TAVERN: ___

ENTERPRISE OWNERSHIP

LAST NAME	FIRST NAME	START DATE DAY / MONTH / YEAR	PERCENT OWNED
1 _____	_____	____ / ____ / ____	_____
2 _____	_____	____ / ____ / ____	_____
3 _____	_____	____ / ____ / ____	_____
4 _____	_____	____ / ____ / ____	_____
5 _____	_____	____ / ____ / ____	_____
6 _____	_____	____ / ____ / ____	_____

NOTES

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 Attached:

A. _____

B. _____

C. _____

I hereby certify that the information given on this registration form is true, correct and complete in every way.

NAME: _____

TITLE: _____

SIGNATURE _____

DATE: DAY _____ MONTH _____ YEAR: _____

OFFICIAL USE ONLY

TAXPAYER NUMBER: _____

ENTERPRISE NUMBER: _____

OPENING TAX: \$ _____

PENALTY: \$ _____

INTEREST: \$ _____