



St. Vincent & the Grenadines
Inland Revenue Department

**NON - INDIVIDUAL ENTERPRISE
REGISTRATION FORM**

Enterprise Type

Corporation, Partnership, Non-Profit, Government, Joint Venture, Trust

Registered Name

Registration Number

Court Registration Date

Day Month Year

Trade Name

Work Phone Number

Start Date

Day Month Year

Close Date

Day Month Year

Fiscal Year Start

Day Month

Fiscal Year Close

Day Month

Resident ?

Yes No

MAILING ADDRESS

Street

City/Village

Post Office

Country

Postal Code

Foreign Parent Name

Street

City

Country

Trade Type

Wholesale, Retail, Manufacturing, Service

Business Activity

e.g. : Restaurant, Insurance, Transport

BANK/CREDIT UNION

Name

Street

Post Office

City/Village

Country

Account Number

Estimated Installment Amount

\$

REGISTERED NAME : _____

REPRESENTATIVE INFORMATION

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

ENTERPRISE ESTABLISHMENTS (At least one Head Office must be entered)

Name Head Office Yes No

Street City/Village Postal Code

Stock Value \$ Estimated Sales Level (both dry stock & Liquor)\$

Liquor Licence required : Hotel Night Bar Retail Wholesale Restaurant Tavern

Name Head Office Yes No

Street City/Village Postal Code

Stock Value \$ Estimated Sales Level (both dry stock & Liquor)\$

Liquor Licence required : Hotel Night Bar Retail Wholesale Restaurant Tavern

Name Head Office Yes No

Street City/Village Postal Code

Stock Value \$ Estimated Sales Level (both dry stock & Liquor)\$

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Name Head Office Yes No

Street City/Village Postal Code

Stock Value \$ Estimated Sales Level (both dry stock & Liquor)\$

Liquor Licence required : Hotel Night Bar Retail Wholesale Restaurant Tavern

ENTERPRISE OWNERSHIP

Last Name	First Name	Start Date	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REGISTERED NAME : _____

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

NAME (Print)

TITLE

SIGNATURE

DATE

OFFICIAL USE ONLY

Taxpayer #

Enterprise #

Opening Tax \$

Penalty

Interest \$