

GOVERNMENT OF ST. CHRISTOPHER AND NEVIS
INLAND REVENUE DEPARTMENT



LIQUOR LICENCE REGISTRATION FORM

OWNER: _____
LAST NAME FIRST NAME MIDDLE

MAILING ADDRESS: _____

HOME PHONE NUMBER [S]: (_____) _____ - _____

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE NUMBER [S]: (_____) _____ - _____ (_____) _____ - _____

LICENCE TYPE: WHOLESALE RETAIL MANUFACTURING SERVICE OTHER (SPECIFY)

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

NAME: _____

STREET: _____

CITY/VILLAGE: _____

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

NAME: _____

HEAD OFFICE: YES ___ NO ___

STREET: _____

CITY/VILLAGE: _____

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

NAME: _____

HEAD OFFICE: YES ___ NO ___

STREET: _____

CITY/VILLAGE: _____

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

NAME: _____

HEAD OFFICE: YES ___ NO ___

STREET: _____

CITY/VILLAGE: _____