

SAINT CHRISTOPHER AND NEVIS INLAND REVENUE DEPARTMENT



TPS-006

APPLICATION: SPECIAL LIQUOR LICENCE

Note: The Permanent Licence Holder (Section 3) must have a valid liquor licence or your request for a special licence will be denied.

A Temporary Liquor Licence costs \$20.00 per day for each location.

SECTION 1 - APPLICANT

TAXPAYER NO.:	<input type="text"/>	SOCIAL SECURITY NO.:	<input type="text"/>
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAMES:	<input type="text"/>		
OR			
COMPANY NAME:	<input type="text"/>		
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	STATE:	<input type="text"/>
COUNTRY:	<input type="text"/>	CODE:	<input type="text"/>
HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
		MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		

SECTION 2 - SPECIAL LIQUOR LICENCE DATES AND LOCATION

A Temporary Liquor Licence costs \$20.00 per day for each location.

OPERATION DAYS 1:	FROM:	<input type="text"/>	TO:	<input type="text"/>
		<small>DAY / MONTH / YEAR</small>		<small>DAY / MONTH / YEAR</small>
	<input type="text"/>	x \$20 =	<input type="text"/>	
	<small>NO OF DAYS</small>		<small>TOTAL DUE FOR LOCATION</small>	
	ADDRESS:	<input type="text"/>		
	CITY / TOWN / VILLAGE:	<input type="text"/>		

Apply for additional locations using the supplemental form. A Temporary Licence costs \$20.00 per day for each location.

SECTION 3 - PERMANENT LICENCE HOLDER

TAXPAYER NO.:	<input type="text"/>	SOCIAL SECURITY NO.:	<input type="text"/>
LAST NAME:	<input type="text"/>	FIRST NAME:	<input type="text"/>
MIDDLE NAMES:	<input type="text"/>		
MAILING ADDRESS:	<input type="text"/>		
CITY / TOWN / VILLAGE:	<input type="text"/>	COUNTRY:	<input type="text"/>
HOME PHONE:	<input type="text"/>	WORK :	<input type="text"/>
		MOBILE :	<input type="text"/>
E-MAIL ADDRESS:	<input type="text"/>		
NATIONALITY:	<input type="text"/>		
<input type="text"/>	<input type="text"/>		

SIGNATURE OF PERMANENT LICENCE HOLDER

DAY / MONTH / YEAR

SECTION 4 - DECLARATION

I declare that the information given on this form is to the best of my knowledge and belief true and correct and that I have the authority to disclose the information provided. I understand that the Saint Christopher and Nevis Inland Revenue Department reserves the right to review and adjust or reassess the information provided for a period of up to six years and the applicant/or their representatives will be held responsible for (i) understating, overstating or omitting data and (ii) the payment of any fees fines and penalties associated with their actions, as defined under the Tax Administration and Procedures Act, The Perjury Act and The Liquor Licence Ordinance, which will affect the fees and any subsequent tax related assessment. Please be aware that a person who makes a false declaration commits an offence under Section 5 of the Perjury Act, 2005 of the laws of Saint Christopher and Nevis and that person is liable to imprisonment for a term of seven (7) years or to a fine of thirty-thousand (\$ 30,000.00) dollars.

SIGNATURE OF APPLICANT

DAY / MONTH / YEAR

SECTION 5 - INLAND REVENUE DEPARTMENT USE ONLY

APPLICATION:

DOCUMENT NO.:

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SIGNATURE OF OFFICER

DAY / MONTH / YEAR

COMMENTS:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____