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Planning Department

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SMB
George Town
Grand Cayman

TRADE AND BUSINESS LICENSE REQUEST

APPLICANT INFORMATION

Business Name_____
Business Owner_____
Postal Address_____
KY1-_____
Phone Number _____
Fax Number _____
E-mail _____

BUSINESS LOCATION *(proposed location)*

Block [ ] **Parcel** [ ]

House/Unit #_____Street:_____
District: _____

BUSINESS DETAILS	
Number of On-Site Employees	
Business Hours	
Days of Operation	
Number of Parking Spaces	

For Official Use Only
Zone: _____
Planning Permission Required? Yes ☐ *No* ☐

BUSINESS DETAILS

Type of Business _____

Typical business operations to be provided on site:
(e.g. retail, admin. services, food preparation, delivery service)
_____
_____
_____
_____
_____

Type of building(s) the business will operate from (e.g. house apartment, warehouse): _____

Is the building existing: Yes ☐ No ☐

Will any business-related materials be stored or used on the premises (e.g. paints, cleaning solvents)? Yes ☐ No ☐

If yes, indicate the type of materials and where they will be stored. _____
_____
_____

Will customers visit the site? Yes ☐ No ☐
Will deliveries be made to or from this site? Yes ☐ No ☐
Will there be company vehicles parked on-site? Yes ☐ No ☐
If yes, vehicle type _____ # of vehicles _____
Will company vehicles be parked on another site? Yes ☐ No ☐
If yes, Block _____ Parcel _____
Vehicle type _____ # of vehicles _____

I hereby certify that the information provided is accurate and true.
*Signature*_____ *Date*_____
Applicant/Agent *(dd/mm/yy)*

*Replies may take a minimum of **5 to 7 working days** and may include a site visit.*

Date Stamp

For Official Use Only

File No _____
*TBLL No(s)*_____