



TRADE AND BUSINESS LICENSE REQUEST

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Planning Department

Visit us @ : www.planning.gov.ky

P.O. Box 113
Grand Cayman
KY1-9000
Cayman Islands

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

Planning Fee Paid Stamp

For Official Use Only
PLN Fee \$25.00 _____
Fee Rate \$25.00 _____
Date Paid _____
File No _____
Project No(s) _____
Building Permit No(s) _____