

# Form 3 | Business licence notice of continued activity

Section 10, Business Licence Act 2002

**Note**

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

The information on this form must be either typewritten or printed legibly In BLOCK letters.

For office use only Document Number	<input type="text"/>
Place Barcode Here	

**1. Name of business**

**Business licence registration number**

**2. Taxpayer Identification number**

**3. Ownership structure:**

No Change

Pursuant to Section 13 of the Business Licence Act a business licence is not transferable. If there has been a change in the ownership structure of a licensee you must obtain a new business licence.

**4. Business Activities (refer to Schedule 2):**

No Change

If there are changes to the business activities from those approved on the existing business licence, provide details below. Please note that certain new activities require approvals from other governmental agencies. All such approvals must be obtained for any additional activities listed here. The following are the current activity(ies) of the business (check all that apply):

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Service                  | <input type="checkbox"/> Entertainment/catering | <input type="checkbox"/> Therapeutic Goods Sale    | <input type="checkbox"/> Retail        |
| <input type="checkbox"/> Professional Service     | <input type="checkbox"/> Financial Institution  | <input type="checkbox"/> Flammable Goods Sale      | <input type="checkbox"/> Distribution  |
| <input type="checkbox"/> Manufacturing/Processing | <input type="checkbox"/> Telecommunication      | <input type="checkbox"/> Transportation (non-taxi) | <input type="checkbox"/> Tourism       |
| <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Taxis Service             | <input type="checkbox"/> Construction  |
| <input type="checkbox"/> Fisheries                | <input type="checkbox"/> Liquor Sales           | <input type="checkbox"/> Recycling Service         | <input type="checkbox"/> Import/Export |
| <input type="checkbox"/> Other                    |   |  |  |

**5. Sector Specific requirements**

If you are engaged in certain business activities you may be required to obtain other governmental approvals, permits or satisfactory inspection results. The following is a list of businesses that are currently subject to this requirement. By submitting this business licence annual notice you certify under penalty of law that all such governmental approvals, permits or satisfactory inspection results have been obtained or will be obtained prior to commencing business for any of these activities.

1	Liquor Sales	Liquor Licence from Ministry of Police
2	Fish & Marine Product Related Businesses	Fishing Licence from Fisheries
3	Restaurant & Food Related Businesses	Health Certificate
4	Distribution	Health Certificate
5	Technical Trades & Profession	Qualification documents or practicing certificates specific

		to each trade or profession.
6	Financial Institution	Letter of approval from the National Reserve Bank of Tonga
7	Electrical Services	Letter of approval from Tonga Electric Power Board (TDPB)
8	Construction Services	Letter of approval from the Ministry of Infrastructure
9	Taxi Services	Vehicle Registration Certificate
10	Therapeutic Goods Outlets	Letter of approval from the Ministry of Health
11	Flammable Goods Outlets	Letter of approval from the Fire Department
12	Services involving the use of Gases	Letter of approval from the Department of Environment
13	Businesses involving Agricultural Products/Plants	Letter of approval from the Ministry of Agriculture, Fisheries & Forestry
14	Recycling Operators	Letter of approval from the Waste Authority

**6. Addresses**

No Change

If there are changes to the addresses related to the business from those listed on the existing business licence, provide details below.

**Principal place of business**

This is the primary address at which business is conducted. It must be a specific street/location. A PO Box is not allowed.

Island Group:
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**Additional places where business is conducted**

*If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format.*

*All addresses should be in BLOCK letter format*

Island Group:
Island Group:
Island Group:

**Postal address (if different)**

Postal address to which communications from the Registrar may be sent.

Postal address:
Island Group:

**Email address**

This is the address to which communications from the Registrar will be sent. An email is required in order to use the on-line filing services.

Email address:
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**7. Notice to Foreign Investors Only**

Where the business is a foreign investment business under the Foreign Investment Act 2002, a Foreign Investment Certificate is REQUIRED before issuance of a Business Licence.

**8. Signed by authorised person(s)**

I/We declare the above information is true and complete and that I/We are eligible to hold a business licence under the Act. I/We understand that if it is subsequently discovered that any statement contained herewith is false or misleading, or that relevant information has been withheld, or that I/We are not qualified to hold a business licence, my/our application may be disqualified or, if a Business Licence has been issued, it may be revoked, and that I/We may be subject to prosecution for making a false declaration.

Name:   
*(Please give first name(s) followed by surname in BLOCK letters)*

Signature: .....

Designation:  Owner or  Authorised person

Date:  /  /

Name:   
*(Please give first name(s) followed by surname in BLOCK letters)*

Signature: .....

Designation:  Owner or  Authorised person

Date:  /  /

Name:   
*(Please give first name(s) followed by surname in BLOCK letters)*

Signature: .....

Designation:  Owner or  Authorised person

Date:  /  /

Name:   
*(Please give first name(s) followed by surname in BLOCK letters)*

Signature: .....

Designation:  Owner or  Authorised person

Date:  /  /

**9. Lodged by**

Name:

Address:

**Other contact details:**

Telephone:

Email (optional):

**10. Checklist**

The following must accompany this form:

- The prescribed fee of TOP\$50 (plus 15% Consumption Tax) - Please make cheques payable to 'Registrar of Business Licences'.