



**GOVERNMENT OF NIUE**

TAX ADMINISTRATION OFFICE

MINISTRY OF FINANCE

PO Box 36 Alofi Niue, Phone: 4047

Email: taxoffice@gov.nu

**BUSINESS LICENCE RENEWAL FORM**

Please complete and sign this form, and submit together with payment. Applications with incomplete\unsigned forms and unpaid fees will not be accepted.

Date \_\_\_ / \_\_\_ /20\_\_\_

**BUSINESS LICENCE NUMBER** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

*(Email provided must be valid. It is where follow-up and notifications will be sent.)*

**Business Structure:**     Sole Trader             Partnership             Company

**Business Licence Type:**

*List all approved business activities below (nature of business)*

- Service Provider \_\_\_\_\_
- Wholesaler \_\_\_\_\_
- Retailer \_\_\_\_\_

**Fee required for EACH LICENCE TYPE - \$34.00**

Licence Fees: \$ \_\_\_\_\_

**Required Business Registration Certificate Fee - \$12.50**

**\$12.50**

**Add new Licence Type or activities to current licence**

Licence Type \_\_\_\_\_ Activity \_\_\_\_\_

Licence Type \_\_\_\_\_ Activity \_\_\_\_\_

Licence Type \_\_\_\_\_ Activity \_\_\_\_\_

**\$34.00 fee required for EACH NEW LICENCE TYPE**

Licence Fees: \$ \_\_\_\_\_

**\$23.00 Advertising fee for new activities**

**\$23.00**

**TOTAL FEES: \$ \_\_\_\_\_**

**Location of Business** (physical address): \_\_\_\_\_  
\_\_\_\_\_

**Required Permits: (select applicable – permits or proof of approval must be provided)**

Liquor Licence

Health Certificate

**Has your business changed in the last 12 months?**  Yes  No

If yes, state reason: \_\_\_\_\_

**Pursuant to Income Tax Amendment Act 2011**

Is your annual turnover in the last 12 months less than \$20,000  Yes  No

Do you expect turnover in the next 12 months to be less than \$20,000  Yes  No

If you answered 'Yes' you must provide source documents to verify your annual turnover.

**Are you NCT registered?**  Yes  No

Please note if your annual revenue for this past year is over \$75,000, you must register for NCT.

**DECLARATION**

I \_\_\_\_\_ declare that the above information is true and correct to the best of my personal knowledge and belief.

\_\_\_\_\_  
Position of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

• **If you are making payments over the internet please use the Bank details below**

- Account Name: ***Tax Treasury***
- Account Number: ***38-9014-0749021-01***
- Ref: ***Bus. Lic.***
- Code: Your Business Name

- **Business Licenses are valid only until the following 31<sup>st</sup> May, regardless of the date they are issued.**

If you have further questions, email [Victoria.Tafatu@gov.nu](mailto:Victoria.Tafatu@gov.nu)

**OFFICE USE ONLY**

<b>BUSINESS LICENCE FEES:</b>	<input type="checkbox"/> Wholesaler	\$34.00
	<input type="checkbox"/> Retail	\$34.00
	<input type="checkbox"/> Service Provider	\$34.00
Advertising Fees:		\$23.00
Business License Certificate:		\$12.50
	<b>TOTAL COST PAYABLE:</b>	\$

\_\_\_\_\_  
Licence Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Signature: \_\_\_\_\_