GOVERNMENT OF NIUE

TAX ADMINISTRATION OFFICE
MINISTRY OF FINANCE
PO Box 36 Alofi Niue, Phone: (683) 4111
Email: taxoffice@gov.nu

COMPANY BUSINESS LICENCE APPLICATION 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____

APPLICANT DETAILS

Please provide full legal name and DOB. Applicant must have valid TIN.

First Name _____ **Middle Name** _____
Last Name _____
Date of Birth _____ **TIN** _____

Position in Company _____

Email Address _____
Email provided must be valid. It is where follow-up and notifications will be sent.

Phone Number _____

Physical Address _____
_____
Address provided must be in Niue

BUSINESS DETAILS

Trading Name _____
Business Licence Type:
List precise nature of business for each licence type (primary activities)

☐ Service Provider _____
☐ Wholesaler _____
☐ Retailer _____

Fee required for EACH BUSINESS LICENCE - $34.00 Total Activity Fees: $_____

Required Incorporation of Company Fee	$150.00
Required Business Registration Certificate Fee - $12.50	$12.50
Advertising fee for new activities - $23.00	$23.00
TOTAL FEES:	**$_____**

ATTACH SIGNED COPIES

- ☐ Application for Incorporation of Company Form
- ☐ Consent of Director(s) Form (1 form per Director)
- ☐ Application for Overseas Company to Register Form

Trading Hours Opening: _____ Closing: _____

Start Up Capital: _____
Business Location: _____
_____

REQUIRED PERMITS (Permits or proof of approval must be provided)

☐ Liquor Licence ☐ Health Certificate

FOR PUBLIC SERVANTS

☐ Commission Letter of Approval to operate business

DECLARATION

We declare that:

- The Information I have given on this application is true and correct.
- I am authorised to provide this information and make this declaration.
- I will undertake to pay all charges on or before the 31st of the month, following the date of demand.
- I understand that the Treasury Department has the right to cancel this contract should I default on the payment conditions.
- I understand that the information provided on this application form will be used to administer sections 8,9,11,12,15,17 under the Business licence Act 1997 /Amendment Act 2011
- I am aware it is an offence to knowingly provide false or misleading information or omit any material information to obtain a benefit under the Business Licence Act 1997/ Amendment Act 2011
- I understand the applicant is required to notify Treasury Department if there are any changes in the particulars I have provided in this application form.
- I agree that the Treasury Department is entitled to recover from me all costs, commissions, legal fees or otherwise, incurred in the recovery of any money's goods or services that maybe outstanding from me from time to time.

Applicant Name _____
Print full name

Signature _____ **Date** _____

CERTIFICATION (Required where the applicant(s) is not a body corporate)

I hereby certify that I have the above-named applicant(s) and in my opinion he/she/they are fit and proper to hold a license of the nature sought in this application.

_____
(Judge of High Court, Justice of the Peace, Solicitor, Minister of Religion, Notary of Public)

Signature _____ **Date** _____

IMPORTANT NOTICE

- Upon registration of application, there is a **minimum waiting period of 10 working days** for the application to be advertised publicly for any objections.
- Upon successful application of the license, a Business Number will be issued with the certificate. This number is unique and will be used to identify the applicant and its dealings with Tax Administration Office.

- **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: ***New Bus.***
    - Code: Your Business Name

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

OFFICE USE ONLY

BUSINESS LICENCE FEES:	☐ Wholesaler	$34.00
	☐ Retail	$34.00
	☐ Service Provider	$34.00
Advertising Fees:		$23.00
Business License Certificate:		$12.50
	TOTAL COST PAYABLE:	$ _____

Licence Number: _____
Receipt Number: _____
Amount Paid: _____
Date Applied: _____
Officer Name: _____ Signature:_____