



ENERGY AND UTILITIES DEPARTMENT

CHECKLIST AND ASSESSMENT FORM
FOR SMALL-SCALE BUSINESS APPLICATION
(for issuance of Business Permit by Business Licensing Unit)

(Business/project listed at Table 7-1 of the TCI Development Manual is subject to EIA)

- New application
 Renewal

This document should be submitted to Energy and Utilities Department (EUD) along with the Application for Business License under Business Licensing Ordinance, (Amendment, No. 2, 2011)

No.	Applicant: <i>please complete the blank spaces below. Write N/A for items that are not applicable. Submit supporting documents if required.</i>	COMMENTS/REMARKS <i>For Official Use only</i>
1	Name of Business:	
2	Applicant/Owner:	
3	Business Address: <i>(Room No. Building No, Street name, Road Name, Island, etc.)</i>	
4	Contact information: Telephone No. Email address:	
5	Immigration Status of applicant: <input type="checkbox"/> TC Islander <input type="checkbox"/> PRC Attach proof (photo of Status Card or Work Permit):	
6	Number of Employees/Workers:	
7	Do you have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Nature of Business/Type of Business: Business Name: Trade Name: License Fee category:	



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9	Location of Business: Block No.: Parcel Number: Land Area: Floor Area of room or building:	
10	Business Permit No. and validity date:	
11	Land Ownership: <input type="checkbox"/> Freehold ownership, show proof of title Owned the land, show proof of title <input type="checkbox"/> Leasehold ownership, show proof of leasehold <input type="checkbox"/> Rented holding, show proof of rental and proof of landlord's title.	
12	Source of Fuel/LPG, specify.	
13	Number of cylinders being stored and capacity of each cylinder: Number: Capacity (gallons): Please specify whether you are storing 20lb or 100lb cylinders.	
14	Are the cylinders stored in a secured location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other, specify Please provide photographs of storage area for cylinders	
15	Source of water: <input type="checkbox"/> Provo Water <input type="checkbox"/> Cistern <input type="checkbox"/> Others, specify	
16	Sewage system <input type="checkbox"/> WWTP <input type="checkbox"/> Septic Tank <input type="checkbox"/> Others, specify	
17	Waste disposal system <input type="checkbox"/> Dispose of waste by waste company <input type="checkbox"/> Recycling	
18	Availability of Fire Fighting System No. of Fire Extinguisher Units = Type of Fire Extinguisher =	
19	Security System <input type="checkbox"/> CCTV installed and functional, provide details: number, types/model, etc. <input type="checkbox"/> Contracted Security Agency, specify: <input type="checkbox"/> Padlocked the door(s)	
20	Is the property fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, type of fence?	
21	Do you have a Hurricane Preparedness Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have mitigation measures?	



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22	Drainage around the property/catchment system <input type="checkbox"/> drainage/canal well established & maintained <input type="checkbox"/> no drainage/canal	
23	Other notable information, specify.	

No.	Required Documents <i>(Please submit the following documents with this application. Non-submission of the required documents may delay the processing of this application).</i>	For Official Use only
1	Business Plan, detailed description of the business proposal and/or Feasibility study (submit digital and printed copy)	<input type="checkbox"/>
2	Location of the proposed project (Block and parcel numbers; title number, etc.)	<input type="checkbox"/>
3	Location and site boundaries, floor plan	<input type="checkbox"/>
4	Storage Plan for cylinders	<input type="checkbox"/>
5	Hurricane Preparedness Plan	<input type="checkbox"/>
6	Security system	<input type="checkbox"/>
7	Fire Fighting system	<input type="checkbox"/>
8	Other relevant documents, as required by proper authorities	<input type="checkbox"/>

Send the duly filled Application Form to energyandutilities@gov.tc.

Prepared by:

Name and Signature of Applicant
Date:

Inspected by (Only authorized Officer/s can inspect):

Name & Signature of Authorized Officer
Date:

Recommendation:

(submit list of members of the Inspecting Team)

- Approval recommended Conditional approval, see conditions under separate sheet
 Denied/disapproved

Comments/Remarks:

Name & Signature of Authorized Officer
Date: