



ENERGY AND UTILITIES DEPARTMENT

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

- 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: Click or tap here to enter text.	Click or tap here to enter text.
2	Applicant/Owner: Click or tap here to enter text.	Click or tap here to enter text.
3	Business Address: <i>(Room No. Building No, Street name, Road Name, Island, etc.)</i> Click or tap here to enter text.	Click or tap here to enter text.
4	Contact information: Telephone No.Click or tap here to enter text. Email address:Click or tap here to enter text.	Click or tap here to enter text.
5	Immigration Status of applicant: <input type="checkbox"/> TC Islander <input type="checkbox"/> PRC	Click or tap here to enter text.
6	Number of Employees/Workers: Click or tap here to enter text.	Click or tap here to enter text.



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7	Do you have a business plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
8	Nature of Business/Type of Business: <i>(e.g. mechanic shop, flower shop, car wash, beauty salon, etc.)</i> Click or tap here to enter text. Business Name: Click or tap here to enter text. Trade Name: Click or tap here to enter text. License Fee category: Click or tap here to enter text.	Click or tap here to enter text.
9	Location of Business: Block No.: Click or tap here to enter text. Parcel Number: Click or tap here to enter text. Land Area: Click or tap here to enter text. Floor Area of room or building: Click or tap here to enter text.	Click or tap here to enter text.
10	Business Permit No. and validity date (attached old copy of Business Permit): Click or tap here to enter text.	Click or tap here to enter text.
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.	Click or tap here to enter text.
12	Source of water: <input type="checkbox"/> Provo Water <input type="checkbox"/> Cistern <input type="checkbox"/> Water Undertaking <input type="checkbox"/> Others, specify	Click or tap here to enter text.
13	Sewage system <input type="checkbox"/> WWTP <input type="checkbox"/> Septic Tank <input type="checkbox"/> Others, specify	Click or tap here to enter text.
14	Waste disposal system <input type="checkbox"/> Dispose of waste by waste company. Frequency- <input type="checkbox"/> once a week <input type="checkbox"/> Twice a week <input type="checkbox"/> Others, specify	Click or tap here to enter text.



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15	Availability of Fire Fighting System No. of Fire Extinguisher Units = Type of Fire Extinguisher = Provide details, attached separate sheet if necessary.	Click or tap here to enter text.
16	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)	Click or tap here to enter text.
17	Is the property fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, type of fence?	Click or tap here to enter text.
18	Potential Noise generated by the business <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, provide details	Click or tap here to enter text.
19	Do you have a Hurricane Preparedness Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have mitigation measures? Provide detail in separate sheet or attached the Hurricane Preparedness Plan	Click or tap here to enter text.
20	Do you have an Oil Spill Mitigation Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have mitigation measures? Provide detail in separate sheet or attached the Oil Spill Mitigation Plan	Click or tap here to enter text.
21	Drainage around the property/catchment system <input type="checkbox"/> drainage/canal well established & maintained <input type="checkbox"/> no drainage/canal	Click or tap here to enter text.
22	Source of Fuel: ISO TANK: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of importation?	Click or tap here to enter text.
23	Gasoline Tank? <input type="checkbox"/> Aboveground <input type="checkbox"/> Belowground Capacity of Tank: Click or tap here to enter text.	Click or tap here to enter text.
24	Diesel Tank? <input type="checkbox"/> Aboveground <input type="checkbox"/> Belowground Capacity of Tank:	Click or tap here to enter text.



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25	Do you have fuel vessel containment /tank: ? <input type="checkbox"/> Yes <input type="checkbox"/> No Capacity:	Click or tap here to enter text.
26	Source of Other notable information, specify. to enter text.	Click or tap here to enter text.

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	Oil Spill Mitigation Plan	<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:

Click or tap here to enter text.
Name and Signature of Applicant
Date: Click or tap here to enter text.

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

Click or tap here to enter text.
Name & Signature of Authorized Officer
Date: Click or tap here to enter text.

Recommendation:

(submit list of members of the Inspecting Team)

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



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Comments/Remarks: Click or tap here to enter text.

Click or tap here to enter text.
Name & Signature of Authorized Officer
Date: Click or tap to enter a date.