



Trade & Business Licensing Unit

LCCL

# Application for the GRANT or RENEWAL of a Local Companies (Control) License

In accordance with the Trade & Business Licensing Law (2007 Revision) Sections 12 & 13

Please mail/deliver this form, accompanied by the relevant fee & required documentation to:

**The Secretary | Trade & Business Licensing Unit**  
Government Administration Building  
133 Elgin Avenue,  
P.O. Box 126, Grand Cayman KY1-9000 CAYMAN ISLANDS  
Tel: (345) 945-0943 Fax: (345) 945.0941  
Email: licensing@dci.gov.ky Website: www.dci.gov.ky

Details relating to the company for which application is being made

1. Name of Company: \_\_\_\_\_

2. Trading name (if different from above) \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Physical Location: \_\_\_\_\_

5. Email: \_\_\_\_\_

6. Telephone contact for company Secretary: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

7. Please give a description of the nature of the business the company is carrying on, or proposes to carry on:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Is the company for which application is being made a subsidiary of another company?  YES  NO

If 'yes', please give the name of parent company: \_\_\_\_\_

9. Does the company for which application being made have subsidiaries under its control?  YES  NO

If 'yes', please give names of subsidiaries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Source of Adverts: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_