

WHALE WATCHING OR WHALE SWIMMING NOTICE OF CONTINUED ACTIVITY

Note

If there is insufficient space on the form to supply information required, attach a separate sheet containing the information set out in the prescribed format.

1. Name of Business

2. Taxpayer Identification number

3. Ownership structure

 No Change

4. Activities

 Whale Watching only; or Whale Watching and Whale Swimming

5 . Whale Watching/ or Whale Watching and Swimming Specific requirements

If you are engaged in Whale Watching or Whale Watching and Swimming you are required to obtain other governmental approvals, permits or satisfactory inspection results. The following is a list of requirements that each provider is required to obtain. By submitting this Whale Watching and Swimming annual notification you certify that under penalty of law that all such governmental approvals, permits or satisfactory inspection results have been obtained or will be obtained prior to commencing any of these activities.

 A third party public liability insurance and a copy of insurance policy; Approved certification from the Marine Division of the Ministry responsible for transport for all vessels used for commercial services; Valid Master's certificate; Certificate of a Coasting Trading Licence issued by the Marine Division of the Ministry responsible for transport.

Please deliver documents to Ministry of Commerce, Tourism and Labour

6. Addresses

No Change

If there are changes to the addresses related to the business from those listed on the existing Whale Watching license or Whale Watching and Swimming license, provide details below.

Principal place of business

This is the primary address at which business is conducted. It must be a specific street location. A P.O BOX is not allowed.

Island Group

Additional places where business is conducted

If there are more than three additional locations at which business will be conducted please attach a separate sheet containing the information set out in the prescribed format.

Island Group

Island Group

Island Group

Postal address (if different)

Postal address to which communications may be sent.

Island Group

Email address

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7. Waiver Agreement

We certify that in compliance with regulation 11(b) every client during the year has signed a waiver agreement in the form in Schedule 5 and we hold these available for inspection.

Whale Watching – Number of Clients in the past year (insert total number of clients)
Whale Watching and Whale Swimming – Number of clients in the past year (insert total number of clients)

8. Signed by authorized person(s)

I/We declare the above information is true and complete and that I/We are eligible to hold a Whale Watching/ or Whale Watching and Swimming license under the Act. I/We understand that if it is subsequently discovered that any statement contained herewith is false or misleading, or that relevant information has been withheld, or that I/We are not qualified to hold a business license, my/our application may be disqualified or, if a Whale Watching/ or Whale Watching and Swimming license has been issued, it may be revoked, and that I/We may be subject to prosecution for making a false declaration.

Name:

Signature:

Designation: Owner Authorised Person Date:

Please deliver documents to Ministry of Commerce, Tourism and Labour

Name:

Signature:

Designation:

Owner

Authorised Person

Date:

9. Lodged by

Name:

Address:

Telephone:

Email: