



Corozal Town Council

#6 – 1ST Street South, Corozal Town, Corozal. Tel: (+501)480-2072



FOURTH SCHEDULE [Section 6 (3) and 13 (1)]

Return made for Year 20 ____

Name of Business _____

Name of Declarant _____

Address _____
PARCEL # HOUSE # STREET NAME

Email Address: _____

Holder of License No _____

Nature of Trade _____

Annual Value of New Premises _____

Intended date of Change(W/A) _____

Dated this _____ Day of _____ 20 ____

Signed

To: The _____ (Licensing Board or Town Council)

REQUIREMENTS

- *Landlord and Tenant Form*
- *Copy of recent rent receipt*

Total Area of Business Space: _____

Please note that whenever a business is out of operation, **all outstanding tax must be paid** and the owner must write the Board and request that the account be closed. The change of location, change of ownership or change of business name requires that the board be notified in writing.