

**Form 1b****Notice of intention to apply for an extension to scope of business licence**

Please read the guidance notes and complete in block letters. Return a copy of the completed form to the Gibraltar Law Office for publication in the Gibraltar Gazette and one local newspaper.

**1. Applicant details**

Full name of applicant (*individual or company name*):

Business name (*if any*):

Address of premises in Gibraltar from which business is carried on (*or premises waiver*):

Postal address (*if different to above*):

Email address:

Contact number:

Current licence number:

Please provide details of your current licence:

**2. Details of extension to trade:**

If you intend to trade in goods or additional goods, please list the additional goods, class or classes of goods to be traded:  
(Please refer to notes for guidance on lists of goods)

Please indicate type(s) of trade envisaged for the above goods:  
(you may select more than one box)

Retail

Wholesale

Export

**3. Details of extension to services:**

If you intend to provide services, or additional services, please indicate type(s) of service envisaged:  
(you may select more than one box)

(i) construction services road transport contracting and crafts

(ii) business-related services to include office maintenance, management consultancy, event organisation, debt recovery, advertising and recruitment services

- (iii) tourism services to include travel agents
- (iv) leisure services to include sports and amusement centres
- (v) installation and maintenance of equipment
- (vi) online services provided from Gibraltar
- (vii) information society services to include publishing – print and web, news agencies, computer programming
- (viii) accommodation and food services to include hotels, restaurants and caterers
- (ix) training and education services
- (x) rentals and leasing services to include car rental
- (xi) real estate services
- (xii) beauty therapists and hairdressers
- (xiii) car repair workshops
- (xiv) builders/ carpenters/plumbers/ electricians and decorators
- (xv) self-employed persons who provide services

Other (please specify)

*If you have selected a service from (i) to (xv) above, please provide a description of the service in the box below:*

**4. Date and signature:**

Signature of Applicant:

Dated:

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***Note to publisher: Empty boxes and italicised text do not require publication.***