Department of Environmental Health
Cayman Islands Government

This Box is for Official Use Only
DEH Ref. _____
License Renewal, Re-Application _____

Application Form
Environmental Health Related Business Tourist Establishments

The applicant should complete the section below. Please print the required information.

1. Name of Applicant:			
2. Name of Property:			
3. Name of Manager:			
4.Type of Business:	House ( ) Apt.( ) Condo ( ) Villa ( ) Hotel ( ) Other ( )	Number of Units:	
5. Registration Status (New/Renewal):			
6. Proposed/Property Address:			
7. Mailing Address:		P.O. Box.:	
8. Email Address:			
9. Telephone Number:			
10. Block Number:		Parcel No.:	
11. House Number:		Building No.:	
Amenities (Mark):	No. of Pool(s) ( ) No. of Spa(s) ( ) No. of Hot Tub(s) ( ) Liquor Licensing Facility ( ) Cigar Bar ( ) Restaurant ( ) Other Public Food Handling Facility ( )		

State details of other amenities (additional sheets of paper may be used, as necessary):

_____

_____

_____

_____

DOT Receipt #:_____ ***DOT Receipt Date:*** _____

Applicant's Signature: _____ Date: _____

In an effort to reduce delays, please complete all of the details required above. However, additional information may be requested by DEH. **Please Deliver or Mail the form:** Department of Environmental Health Cayman Islands Environmental Centre 580 North Sound Road | P.O. Box 1820 | KY1-1109 | Cayman Islands Main Office: 345.949.6696 Email: DEHCustomerService@gov.ky	**Important– Privacy Note:** The information you provide herein, including personal data, enables us to process your request. We will use the information for that purpose and to deal with any subsequent issues.