



ISLE OF MAN DEPARTMENT FOR ENTERPRISE

2020

TT RACES AND CLASSIC TT RACES LICENCE APPLICATION FORM

For Office use only	
Date application form received	
Approved/Not approved	
Notification of outcome to applicant	

Acceptance received	
TT	
Classic TT	

Date issued:

SECTION A – Applicant Details

1. Name of Applicant:

2. Official or registered address of applicant or organisation:

Postcode:

Telephone number:

Mobile number:

E-mail address:

web address:

3. Type of applicant (please tick)

Individual

Association/group/club

Promoter

Limited company

Charity

Registered Business name only

Other,
e.g. please detail:

If private company, please provide your Company Registration Number and registered address

Company Registration Number:

Registered Address:

Postcode:

If a registered Charity, please provide your Charity Registration Number and registered address

Charity Registration Number:

Registered Address:

Postcode:

4. Name of person we can contact about your application.

What is this person's position in your organisation?

Address for contact person if different from Question 2.
Please give full correct postcode.

Postcode:

Telephone number:

E-mail address:

5. When was your organisation established or incorporated?

6. Is your organisation VAT registered?

Yes

No

If **Yes**, VAT number:

SECTION B – Applicant Experience

7. Detail briefly your experience relevant to this application.

8. Please give a summary of your business plan. This should include details of product, sales, income, costs, marketing and distribution channels. Provide a sample and images of your product.

Continue of a separate sheet if required

SECTION C – Declaration

Signature of person authorised to make application

Signed:

Print Name:

Date:

Department for Enterprise Privacy Notice <https://www.iomdfenterprise.im/policy/privacy-policy>

Please email the completed application form to: -

Should you have any questions or queries, please contact :-

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