

THE TOURISM ACT, 2008

APPLICATION FOR LICENCE TO OPERATE AS AN ACCOMMODATION FACILITY

NOTE: THE APPLICATION WILL NOT BE PROCESSED IF IN THE OPINION OF THE AUTHORITY THERE IS MISPRESENTATION OR NON-DISCLOSURE OF ANY MATERIAL

1. Contact Information

(a) Company Details

- (i) Business Name.....
- (ii) Trading Name
-

(b) Addresses

- (i) Postal Address:
- (ii) Physical Address of Principal Premises of Business.....
- (iii) Telephone Number:.....
- (iv) Fax Number.....
- (v) Email:.....
- (vi) Website.....
- (vii) Location
- (viii) State whether the premises are owned by the company or rented
-
-

2. Company's Information

- (i) Type of accommodation facility
- (ii) Registration Certificate number.....
- (iii) Date of Registration.....
- (iv) Class of license required.....
- (v) Is there any previous Tourism License Number: Yes () No ()
- (vi) If Yes, state date issued, Licence No.....
(Attach copy of the licence)

(b) The nature of Tourism business in respect of which this application is being made.

.....
.....

3. Ownership Information

(a) Sole Proprietor

- (i) Full name of proprietor.....
- (ii) Age/Date of Birth.....
- (iii) Nationality.....

(b) Limited Company

S/N	Name of Shareholder	Date of Birth	Nationality	Number of Shares/Percentages
1				
2				
3				
4				
5				

4. Particulars of Employees

In a separate sheet of paper (landscape), give particulars of employees in a format given below.

Name	Age/Date Of Birth	Nationality	Position (Designation)	Date Of Appointment	Qualification	Experience	Work Permit Number And Validity (For Non-Citizens)

***For non-citizen attach copy of work permit**

5. Room occupancy

- (i) Number of tourist handled previous year.....
- (ii) Number of room occupied previous year.....
- (iii) Number of beds occupied previous year.....

6. Declaration

I declare that the information given in this application is true and complete in all respects.

Name:

Position:

Signature of applicant:

Date: 20...

