APPLICATION TO OPERATE A TOURIST ACCOMMODATION

TO THE BOARD OF DIRECTORS OF THE GRENADA TOURISM AUTHORITY, I HEREBY APPLY FOR A LICENCE TO OPERATE A TOURIST ACCOMMODATION UNDER SECTION 28 OF THE GRENADA TOURISM AUTHORITY ACT NO. 42 OF 2013

SECTION A (To be filled by every applicant)

1.   Name of Applicant/Company: ………………………………………………………………………………………………….

2.   Postal Address of Applicant: …………………………………………………………………………………………………..

3.   National Identity Card: ……

4.   Telephone No :………………………………………   Mobile No: ………………………………………………………

5.   Fax: ……………………………………………….   E-Mail: ……………………………………………………………………

NB: The Grenada Tourism Authority should be notified of any change of address & telephone numbers

SECTION B (In Case of a Company or other Business)

1.   Represented by (Name of Agent): ………………………………………………………………………………………….

2.   Designation: ………..

3.   Company Registration No: …………………………………………………………………………………………………….

4.   Company Director and their contact No: …………………………………………………………………………………

5.   Certificate of Incorporation No. ……………………………………… Date ……………………………………………

6.   Principal Business of the Company: …………………………………………………………………………………………

Please indicate with a tick the category of licence to operate a tourist accommodation for which you are applying:

___   A.   Licence for the operation of an apartment;

___   B.   Licence for the operation of a hotel;

___   C.   Licence for the operation of a guest house;

___   D.   Licence for the operation of a villa;

___   E.   Licence for any other premises/place where accommodation is provided for tourist reward.

_____   _____
       Signature of Applicant   **Date**

DOCUMENTS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

In addition to this application form, please submit the necessary documents and application fee required for your type of property.

1. Work Permit (non-nationals of Grenada) ☐
2. Business Registration Certificate/Certificate of Incorporation ☐
3. Copy of NIS Registration ☐
4. Value Added Tax (VAT) Registration Certificate (where applicable) ☐
5. Annual Stamp Tax ☐

SUPPLEMENTAL INFORMATION

Number of Rooms: _____   **Number of Beds: _____**   **Number of Employees: _____**

FOR OFFICIAL USE ONLY

Property Name: _____

Receipt Details: _____

Amount Paid: _____   **Payment Date: _____**

Paid To: _____

Inspection Date: _____   **Date Licensed: _____**

Expiry Date: _____   **Signature: _____**