



BELIZE TOURISM BOARD

P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

ACCOMMODATION REGISTRATION FORM

*As per Certificate from Companies Registry

1. GENERAL INFORMATION

A) Name of Hotel or Tourist Accommodation*

B) Previous Name (if any)

C) Type of Accommodation Category

2. CONTACT INFORMATION

A) Property

i) Physical Address:

District Area

ii) Mailing Address:

P.O. Box

District Area

iii) Phone 1:

Phone 2:

iv) Email:

Website:

B) Owner(s)

i) Ownership type:

ii) Full Name/Company Name *

Nationality

Email

Phone #

C) Manager(s) / Management Company

i) Ownership type:

ii) Full Name/Company Name *

Nationality

Email

Phone #

3. ROOM & INVESTMENT INFORMATION

i) Total Proposed Rooms/Units at Property:

Phase 1

of Rooms/Units

Proposed Year
(YYYY)

Investment Amount
(BZD \$)

ii) Proposed Opening:
(Phase 1)

DD / MM / YYYY

Phase 2

Phase 3

Total

4. REQUIREMENT CHECKLIST

Y - Mandatory

A - Mandatory if Applicable

✓	Developing / Remodeling	Accommodation Requirements	Expiration DD / MM / YYYY
<input type="checkbox"/>	Y	Completed Accommodation Registration Form	
<input type="checkbox"/>	Y	Ownership Land Title	
<input type="checkbox"/>	A	Business Name Certificate	
<input type="checkbox"/>	A	Certificate of Incorporation	
<input type="checkbox"/>	Y	Copy of Certificate of Good Standing for current year	
<input type="checkbox"/>	A	Owner(s) Passport Particulars certified by a Justice of the Peace	
<input type="checkbox"/>	A	Letter of Appointment & Authorization for the Manager or Management Company	
<input type="checkbox"/>	Y	Business Plan	
<input type="checkbox"/>	Y	Registration Fee of BZD \$25.00	

5. DECLARATION

I/We declare that all information provided in this application is true, accurate and complete to the best of my/our knowledge. I/We have not withheld any information and understand any falsification is illegal and will disqualify this application.

i. Applicant's Name (Print)

ii. Applicant's Signature _____

iii. Applicant's Position

iv: Date

v: Business Stamp/Company Seal

FOR OFFICIAL USE ONLY

✓	Internal Process	Date DD/MM/YYYY	Signature	Comments Actions
<input type="checkbox"/>	Form received by BTB			
<input type="checkbox"/>	Licensing Officer Check			<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
<input type="checkbox"/>	Licensing Manager Recommendation			
<input type="checkbox"/>	Registrar Approval			
<input type="checkbox"/>	Database Update			
<input type="checkbox"/>	Registration Confirmation Letter			

Application Fee Paid: BZD \$ Date Paid: Receipt No.:

Control ID #: