APPLICATION FOR THE RENEWAL OF HOTEL AND TOURIST ACCOMMODATION LICENSE

To: Registrar of Hotels and Tourist Accommodation, I / We hereby apply for the grant of a registration and license to operate a Hotel or Tourist Accommodation in accordance with the provisions of the Hotels and Tourist Accommodation Act, Chapter 285 of the Substantive Laws of Belize – Revised Edition 2003.

NOTE: Hotels and Tourist Accommodation Act, Chapter 285 Section 5 (1) No person shall (a) advertise in any form any premises; (b) use any premises; (c) hold out any premises, for the purpose of the business of a hotel or tourist accommodation unless such premises and proprietor of such business are registered annually under this Act and a license is obtained by the proprietor from the Registrar in that behalf.

Incomplete Applications will not be accepted. No License will be granted if accommodation taxes, fee and/or all required attachments are outstanding.

Name of Hotel or Tourist Accommodation: __________________________________________________________

Previous name (if any): ___________________________ Expected Date of opening: _____________________________

Registered name of Company (if any) __________________________________________________________________

<table>
<thead>
<tr>
<th>Name of proprietors/ Shareholders</th>
<th>% Share Ownership</th>
<th>Nationality</th>
<th>Country of Residence during the last 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>

Manager’s Name: ___________________________ Manager’s Nationality: ___________________________

Business Address or Location: ________________________________________________________________

Mailing Address (if different from above): __________________________________________________________

Local Phone No: ___________________________ Local Fax No: ___________________________

E-Mail Address: ___________________________ Website Address: ___________________________

Rooms available for guest use: ___________________________ Total No of Rooms on Property: __________

## Room Rates in Belize Dollars

<table>
<thead>
<tr>
<th>Month of ________________ to ________________</th>
<th>Month of ____________ to ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Person (Single Occupancy): $____________________</td>
<td>Single Occupancy: $____________________</td>
</tr>
<tr>
<td>Two Persons (Double Occupancy): $____________________</td>
<td>Double Occupancy: $____________________</td>
</tr>
<tr>
<td>Three Persons (Triple Occupancy): $____________________</td>
<td>Triple Occupancy: $____________________</td>
</tr>
<tr>
<td>(Other): $_______________________________________</td>
<td>Other: $____________________</td>
</tr>
</tbody>
</table>

Note: In cases where packages are sold, attach a package rate sheet.

## Employment

<table>
<thead>
<tr>
<th>No. Of Belizean Male Employees: ____________</th>
<th>No. Of Belizean Female Employees: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Of Foreign Male Employees: ____________</td>
<td>No. Of Foreign Female Employees: ____________</td>
</tr>
</tbody>
</table>

## Documents to be attached (if applicable)

(A) Service Charge Scheme Declaration

(P.T.O.)

## Room Plans Available

(EP) European Plan – Room Only  
(CP) Continental Plan – Room & Breakfast  
(AP) American Plan – Room Plus Three Meals  
(MAP) Modified American Plan – Room, Lunch & Dinner

## Room Facilities and Services Available

Check or circle those that are available at your property:

1. Live Entertainment  
2. Swimming Pool  
3. Restaurant  
4. Bar or Lounge  
5. Gift Shop  
6. Conference & Meeting Facilities  
7. Cable TV  
8. Private Bath  
9. Hot & Cold Water  
10. Air Conditioning  
11. Tours Arranged  
12. Private Parking  
13. Live Entertainment Cards Accepted  
14. Telephone Available  
15. Credit  
16. Vehicle Rental  
17. Children Accepted  
18. Postal Service  
19. Shopping Services  
20. Shared Baths  
21. Pets Accepted Services  
22. Smoking in Rooms  
23. Security Guard on premises  
24. Non-Smoking Rooms Only  
25. Beach  
26. Smoking in Rooms  
27. Service Charges  
28. Other Services  
29. Beach  
30. Other Services  
31. Beach  
32. Other Services  
33. Beach  
34. Other Services  
35. Beach  
36. Other Services
13. Handicap Facilities

14. Room Service
15. Office Services
16. Laundry Services
17. Safety Deposit Facility

30. Fishing, Boating & Water sports
31. Scuba Diving
32. Horseback Riding
33. Nature Trails
34. Docking Facilities

Accommodation Classifications
(Check the category that most aptly pertains to you)

_______Hotel _______Eco-Tourism Facility _______Community Based
_______Educational _______Resort _______Apartments _______Camp Grounds
_______Lodge / Inn _______Condominiums _______Home Stay
Other
_______Guest House _______Villas _______Dormitory
_______Bed & Breakfast _______Time Share Units _______Research Station
_______Cabins / Cabanas _______Vacation Home _______Religious Facility

Cancellation and Refund Policy

______________

Investment Information (Confidential)

<table>
<thead>
<tr>
<th>Financed from:</th>
<th>During the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Value in Belize Dollars</td>
</tr>
<tr>
<td>1. Equity</td>
<td></td>
</tr>
<tr>
<td>2. Profits</td>
<td></td>
</tr>
<tr>
<td>3. Domestic loans</td>
<td></td>
</tr>
<tr>
<td>4. Foreign loans</td>
<td></td>
</tr>
<tr>
<td>Total Investment (BZD)</td>
<td></td>
</tr>
</tbody>
</table>

Declaration

Date:

I / We declare that the above given information is true and correct to the best of my / our knowledge.

Signature of Proprietor / Manager ____________ Business Stamp or Company Seal ____________ Witness ____________

A $25.00 non-refundable application fee and a license fee of $5.00 for each bedroom must accompany this application. All fees are payable to the Belize Tourism Board.

For Official Use Only

Registration and License No: __________________________

Application Fee Paid: $_________ Receipt No: ___________ Date: ___________

License Fee Paid: $_________ Receipt No: ___________ Date: ___________