



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	

Note: An accommodation should be guided by the Hotels and Tourist Accommodation Act chapter 285 Revised Edition 2011 and by the Hotels and Tourist Accommodation (Minimum Registration, Licensing and Operating Requirements) Regulations, 1998, as amended.

#### 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 #: