



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

## Application for Re-Opening in the Tourism Safe Corridor

- 1) Accommodation Name \_\_\_\_\_
- 2) Accommodation License Number \_\_\_\_\_
- 3) Proposed re-opening date for international guests \_\_\_\_\_  
dd/mm/yyyy
- 4) Contact person \_\_\_\_\_
- 5) Contact number(s) \_\_\_\_\_

### Checklist:

- ☐ Confirm that I have submitted application for Tourism Gold Standard
- ☐ Confirm that I will manage and control the movements of guests and report any guest who fails to comply
- ☐ Confirm to have a Manager or staff available on site at all times to manage and control movements of guests
- ☐ Confirm to offer below amenities on accommodation premises:
  - Pool or/and beach front
  - Guest entertainment/activities e.g. (games/gym/spa)
- Confirm to have either of the following. Please tick at least one
  - Full service restaurant and bar
  - Fully Furnished Kitchen with stocked groceries (\*see below for completion)
  - Agreement with local restaurant/catering service (click here for sample agreement for completion)

\*I, \_\_\_\_\_, hereby confirm that the property has a fully furnished kitchen  
(Program Manager)

which will be stocked with groceries by our staff on a weekly/biweekly basis for the guest to prepare his/her own meals and remain on the premises, unless being carried on a tour with an Approved Gold Standard Tour Operator. I further confirm that we will ensure that all health and safety protocols will be observed and adhered to at all times.

- ☐ Confirm to offer tours using Tourism Gold Standard Tour Operators
  - Indicate Tour Operator Name \_\_\_\_\_
  - Indicate Lic # \_\_\_\_\_
  - Indicate Tour Operator Name \_\_\_\_\_
  - Indicate Lic # \_\_\_\_\_
  - Indicate Tour Operator Name \_\_\_\_\_
  - Indicate Lic # \_\_\_\_\_



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

## Application for Re-Opening in the Tourism Safe Corridor

- ☐ Indicate vehicle fleet and driver list to provide transportation to and from hotel  
**Note: Kindly notify the BTB of any changes to fleet**

Vehicle Information:

Type and Color (e.g. 4 door Red Nissan)	Capacity (e.g. 6-seater)	License Plate #

Drivers' Information:

First Name	Last Name	Driver's License#

I hereby certify that I have read the BTB enhanced health and safety guidelines. I declare that all information provided in this application is true, accurate and completed to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify this application.

Printed Name of Owner/General Manager: \_\_\_\_\_

Owner/General Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
dd/mm/yyyy