



# **GHANA TOURISM AUTHORITY**

## **APPLICATION FOR REGISTRATION OF ACCOMMODATION ESTABLISHMENT**



# GHANA TOURISM AUTHORITY

## APPLICATION FOR REGISTRATION OF ACCOMMODATION ESTABLISHMENT

File No.:

### APPLICANT

Name of Applicant:

Postal Address:  Town/City  Postal Code  Country

Telephone No(s):

E-mail Address:

Name and Address (es) of Banker(s):

Type of Entity (e.g. Sole Proprietor / Partnership- Public or Private Limited Liability Company / Cooperative Society):

Ownership (Private Ghanaian/State Owned/Foreign Owned/Joint Ghanaian/Joint Foreign etc)

Ownership Structure Local Private  % Local  % Foreign  %

### PARTICULARS OF SHAREHOLDERS

NO.	NAME	NATIONALITY	PROFESSION/ OCCUPATION	SHAREHOLDING %	AMOUNT PAID GH¢
i					
ii					
iii					
iv					

### PARTICULARS OF DIRECTORS

NO.	NAME	NATIONALITY	PROFESSION / OCCUPATION	DOMICILE
i				
ii				
iii				
iv				

## PARTICULARS OF PROJECT/ESTABLISHMENT

Name of Establishment:

Location:

Street Name:  GP Digital Address:

District:  Region:

Distance from Centre of Town:

Nature of Development (Planned, On-going, Rehabilitation, refurbishing/Expansion):

Type of Accommodation Establishment:

Proposed Grade (class) of project (e.g. One-Star):  No. of Rooms  No. of Beds

Other facilities (with seating capacities where applicable):

Size of Land:  Type of building  No. of Floors  Status of Completion (%):

Date of commencement of Project:           Target Date for Completion:

Estimated Total Cost of Project:

Expenditure to Date:

### Mandatory documents to be submitted (attach copies)

- Certificate of Incorporation (Business Registration Certificate)
- Certificate to Commence Business
- Company Regulations
- Site Plan and Basic Building Drawings
- Evidence of Ownership of Premises (Indenture/ Lease/ Tenancy Agreement)
- Building Permit
- Development or change of use permit from Town and Country Planning Department
- Report from the Police (CID) on the security of premises and criminal records Proprietor/Manager and Key personnel of unit
- Fire Permit / Certificate
- Environmental Health Suitability Report from District/Municipal/Metropolitan Assemblies
- Suitability Report from the Environmental Protection Agency (if 40 rooms or Located in eco sensitive area)
- Feasibility Report/Business Plan (3 - 5 Stars)

### For Office Only.

App. Receipt No.: \_\_\_\_\_

Reg. Receipt No.: \_\_\_\_\_

Remarks: \_\_\_\_\_

Officer's Name: \_\_\_\_\_

Officer's Signature: \_\_\_\_\_

I APPLY FOR THE REGISTRATION OF \_\_\_\_\_ AND DECLARE THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

**INFORMATION PROVIDED IS CONFIDENTIAL**