



GHANA TOURISM AUTHORITY

APPLICATION FOR REGISTRATION OF FORMAL FOOD AND BEVERAGE ENTERPRISE



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APPLICATION FOR REGISTRATION OF FORMAL FOOD AND BEVERAGE ENTERPRISE

File No.:

APPLICANT

Name of Applicant:

Postal Address: Town/City Postal Code Country

Telephone No(s):

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 Public % 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 Establishment: Restaurant Coffee/Tea Shop Rest Stop
 Contract Catering Fast Food Airline/Offshore Catering

Other (specify): _____

Proposed Grade of project _____

Other facilities (with seating capacities where applicable) _____

Status of Completion (%) _____

Date of commencement of Project:

D	D	M	M	Y	Y	Y	Y
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 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
 - 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

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