



GHANA TOURISM AUTHORITY

APPLICATION FOR REGISTRATION OF ACCOMMODATION ESTABLISHMENT



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File No.:

APPLICANT

Name of Applicant:

Postal Address: Town/City Postal Code Country

Telephone No.: Fax No.:

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 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: House No.:

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
- Suitability report from the Ghana National Fire Service
- 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 _____

Officers Name: _____

Officers Signature: _____

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

DATE: _____

APPLICANTS SIGNATURE: _____

DESIGNATION: _____

INFORMATION PROVIDED IS CONFIDENTIAL