



GHANA TOURISM AUTHORITY

APPLICATION FOR REGISTRATION OF FORMAL CATERING 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				

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 Catering Establishment: Restaurant Fast Food

Proposed Grade of project

Other facilities (with seating capacities where applicable)

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

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 Fire Service

Environmental Health Suitability report from District/Municipal/Metropolitan Assemblies

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