



APPLICATION FOR REGISTRATION

(Please tick appropriate box. Use one application form per classification.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Travel/ Tour Agency | <input type="checkbox"/> Boutique/Souvenir/Gift shop |
| <input type="checkbox"/> Resort | <input type="checkbox"/> Ticketing Office | <input type="checkbox"/> Tourist Transport Operator |
| <input type="checkbox"/> Prof. Congress Organizer | <input type="checkbox"/> Spa/ Wellness Center | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Accommodation | | <input type="checkbox"/> Tourism Related Establishment |

Classification: _____ Pls. Specify: _____

The following are the facts related to my business and the capacity to engage in such;

Establishment:

Business Name: _____
(name which appears in your signage)
 Address: _____

 Tel. No. _____
 Website: _____
 E-Mail: _____

Type of Organization: _____(S) Single Proprietorship
 _____(P) Partnership
 _____(C) Corporation

Date Established: _____ (Mo/Day/Yr)
 Name of Owner: _____
 Address: _____
 Name of Gen. Manager: _____
 Nationality: _____

No. of employees:	Total No.	Foreign National	Local
		Male Female	Male Female
Managerial:	_____	_____	_____
Rank & File:	_____	_____	_____

Capitalization	Currency Code	Amount
Single Prop. ---	Php	_____
Partnership ---	Php	_____
Corporation ---	Php	_____
Authorized: ---	Php	_____
Paid-up: ---	Php	_____
Gross Income: ---	Php	_____
Net Income ---	Php	_____
Total Assets ---	Php	_____

For HOTELS, INNS, APARTELES, LODGING HOUSES applicants only:

- Facilities/ amenities;
- | | |
|---|--------------------------------------|
| ____ Coffee Shop/ Restaurant-----capacity:_____ | ____ Shopping Arcade |
| ____ Convention Banquet-----capacity:_____ | ____ Tennis/ Golf/ Pelota |
| ____ Parking Space-----capacity:_____ | ____ Bar/ Cocktail Lounge |
| ____ Mailing | ____ Airport/ Shuttle Transfer |
| ____ Hot & Cold Shower | |
| ____ Sauna/ Massage | ____ Foreign Exchange Counter |
| ____ Medical/ Dental Clinic | ____ Casino |
| ____ Beauty Shop/ Barber Shop | ____ Fitness Gym |
| ____ Swimming Pool | ____ Laundry/ Valet |
| ____ Travel/ Tour Agency | ____ Fishing Area |
| ____ Colored TV, Piped-in Music | ____ Smoke Free |
| ____ In-Room Movies | ____ Designated Outdoor Smoking Area |

Number of Rooms: _____ Number of Lodgers/ Beds: _____

Other Facilities/ Amenities: _____

For RESORT applicants only:

Facilities/ Amenities

- | | |
|--|--|
| <input type="checkbox"/> Conference/ Convention Hall---capacity_____ | <input type="checkbox"/> Picnic Huts |
| <input type="checkbox"/> Parking Space-----capacity_____ | <input type="checkbox"/> Snorkelling/ Diving |
| <input type="checkbox"/> Coffee Shop/ Restaurant-----capacity_____ | <input type="checkbox"/> Golf Course |
| <input type="checkbox"/> Foreign Exchange Counter | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Cottages-----Total No._____ | <input type="checkbox"/> Beauty/ Barber Shop |
| <input type="checkbox"/> Basketball Court | |
| <input type="checkbox"/> Sauna/ Massage Parlor | <input type="checkbox"/> Medical/ Dental Clinic |
| <input type="checkbox"/> Smoke Free | <input type="checkbox"/> Designated Outdoor Smoking Area |

Other Facilities/ Amenities: _____

For TOURIST TRANSPORT OPERATOR applicant only:

Vehicle type	Number of Units	Average Number of Seats Per Unit	Total Number of Seats
Bus			
Coaster			
Van			
SUV/AUV			
Car/ Sedan			
Others			
Total			

Use separate sheet if necessary.

I certify that I have not been convicted of any criminal offense involving moral turpitude and that all officials and employees of the establishment are of good moral character and without criminal records

I certify that all foregoing data and documents supporting this application are true and correct.

License No.: _____

Date Issued: _____

 Name & Signature
 Owner/ Manager

 Date Accomplished

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____ after Exhibiting Residence Certificate No. _____ issued at _____ on _____ day of _____, 20____.

Doc. No. _____

Page No. _____

Book No. _____

Series of 20 _____