

CONFIDENTIAL



MONTHLY RETURN OF ACCOMMODATION ESTABLISHMENTS

Month 2006

REGION DISTRICT
Establishment Name:
P.O. Box.....
Phone:..... Fax:
E-mail:
Website:

For Official Use Only

Estd Code

- Q1 Beds Available per Night.....
- Q2 Number of Nights the hotel was open in the month (usually 30 or 31)
- Q3 Total Bed-nights Available in the Month..... Q1 times Q2
- Q4 Total Bed-nights Occupied in the month.....
- Q5 Out of Q4, Number Occupied by Non Residents of **Tz.** Visitors...
- Q6 Bed Occupancy Ratio..... (Q4/Q3)*100

As at the end of the Month:

Q7 Price for a Standard Double Room..... US dollars
(Bed & Breakfast, Including Taxes): T shillings

I certify the above information is correct

Name	<input type="text"/>	Signature	<input type="text"/>
Position	<input type="text"/>	Date	<input type="text"/>
Tel	<input type="text"/>		

Please return to the National Bureau of Statistics by 8th of the following month. Thank you.

Fax number : +255 - 2130852

Email: ttm@nbs.go.tz



BUSINESS REGISTERS: UP DATING AND USING

- According to Section 8 of The Tourism Act No.11 of 2008, “No person shall conduct or operate a tourism facility or activity unless such tourism facility or activity is so registered”
- Implementation of the above has commenced this year, 2010. Operators cannot be licensed unless they registered.

8/17/2010

THE TOURISM ACT, 2008

**APPLICATION FOR REGISTRATION TO OPERATE AS AN
ACCOMMODATION FACILITY**

**NOTE: THE REGISTRATION WILL NOT BE PROCESSED IF IN THE
OPINION OF THE AUTHORITY THERE IS MISPRESENTATION
OR NON-DISCLOSURE OF ANY MATERIAL**

**1. Contact Information
Company Details**

- (i) Business Name
- (ii) Trading Name (In case any).....
- (iii) Physical address of Principal Premises of business.....
- (iv) Postal Address:
- (v) Telephone number (s):
- (vi) Fax number(s).....
- (vii) Email (s):.....
- (viii) Website(s):.....
- (ix) Location
- (x) State whether the premises is owned by the company or rented.....

(xi) Type of the accommodation facility (for which a registration is applied):

.....
*(town hotels, vacation hotels, lodges, tented camps, motels, serviced
apartments/villas/cottages, caravan and campsite)*

**2. Ownership Information
(a) Sole Proprietor**

- (i) Full name of proprietor.....
- (ii) Age/Date of Birth.....
- (iii) Nationality.....

(b) Limited Company

S/N	Name of Shareholder	Date of Birth	Nationality	Number of Shares/Percentages
1				
2				
3				
4				
5				

3. Business Particulars

(a) Date of Incorporation in Tanzania:
(Attach certificate of incorporation/previous licence, Memorandum and Article of Association, business plan, Certificate of Registration for TIN, certificate of registration from BRELA, building permit /approved building /site plan, occupation Permit and land ownership document)

(b) The nature of tourism business dealt with

In case of Air charter, Hot Air Balloon, Sky Diving, Sea Safaris, Horse Riding etc, provide proof of permit for operation from relevant authorities

(c) Particulars of local bank account(s) in Tanzania, Name(s) and address (es) of branches which the applicant holds an account

4. Employees Information

(a) Number of employees

- (i) Citizen employees.....
- (ii) Non-citizen employees.....

(b) Particulars of Employees

In a separate sheet of paper (landscape), give particulars of employees in a format given below.

Name	Age/Date of Birth	Nationality	Position (Designation)	Date of Appointment	Qualification	Experience	Work Permit Number and Validity (For Non-Citizens)

***For non-citizen attach copy of work permit**

5. Inventory of Services:

(Tick where applicable)

	NO. OF ROOMS/UNITS	NO. OF BEDS	TARIFF
Bedrooms:			
1. Executive suites			
2. Suites			
3. Double rooms			
4. Twin rooms			
5. Single rooms			
6. Family rooms			
7. Dormitory rooms			
8. Tent pitches			
Total			
Catering services:			
	Seating capacity:		
1. Restaurant 1			
2. Restaurant 2			
3. Restaurant 3			
4. Catering facility (other) 1			
5. Catering facility (other) 2			
Beverage services			
	Seating capacity:		
1. Bar 1			
2. Bar 2			
3. Coffee shop 1			
4. Coffee shop 2			
Conference facilities:			
	Seating capacity:		
1. Conference room 1			
2. Conference room 2			
3. Conference room 3			
Ballrooms:			
1. Room 1			
2. Room 2			
3. Room 3			
	Capacity:		

	(No. of persons served at a time):		
Spur/Sauna/Steam bath etc: (specify here below):			
1.			
2.			
3.			
4.			
Gym			
1.			
2.			
Massage parlour			
1.			
2.			

Other services (please specify):

.....

6. Declaration

I declare that the information given in this application is true and complete in all respect.

Name:

Position:

Signature of applicant:

Date: 20...

NB: For renewal application attach copy of previous licence

FOR OFFICIAL USE ONLY

Certificate of Registration granted/rejected:

Issued on (date):

Type of Accommodation Facility:

Certificate/Registration Number:

Name and Signature of inspector:

Name and Signature of Registrar:

Date..... Official Stamp: