



ދިވެހިސަރުކާރުގެ ގެޒެޓް
ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔާ ގައި ޖެޔްސިވާރިސާ ހޯޓަލް ޕްރޮޕާޓީ ހިންގުމަށް ހުށަހަޅާ ދަންނަވާ ފޯމް
APPLICATION FORM FOR TOURIST HOTEL OPERATING LICENSE

| Reason for Application | | ފަސަޅު ސަބަބު | |
|--|--|---|--|
| Change of Location / ހިސާބު ބަދަލުކުރުން <input type="checkbox"/> | New Registration / ނުވަތަ ރިޖިސްޓްރޭޝަން <input type="checkbox"/> | License Lost / ލައިސަންސް ގެއްލިފައިވާ <input type="checkbox"/> | Renewal of License / ލައިސަންސް ރިނުއަލް <input type="checkbox"/> |
| Revoked License / ލައިސަންސް ޖަހާލެވިފައިވާ <input type="checkbox"/> | Change of Operator / ޕްރޮޕާޓީ ހިންގާ ފަރާތް ބަދަލުކުރުން <input type="checkbox"/> | Name Change / ނަންމު ބަދަލުކުރުން <input type="checkbox"/> | Change of Owner / ޕްރޮޕާޓީ ހިންގާ ފަރާތް ބަދަލުކުރުން <input type="checkbox"/> |
| | Change in the no. of beds / ޕްރޮޕާޓީ ހިންގާ ފަރާތް ބަދަލުކުރުން <input type="checkbox"/> | | |
| For Change in Hotel Name and or Operator | | ޕްރޮޕާޓީ ނަންމު ނުވަތަ ޕްރޮޕާޓީ ހިންގާ ފަރާތް ބަދަލުކުރުން | |
| Registration Number | | Previous Name | |
| License Number | | Previous Operator Name | |

| DETAILS OF HOTEL | | ޕްރޮޕާޓީ ގެ ޖަޔްސިވާރިސާ | |
|-------------------------------|------------------------------|--------------------------|--|
| Business Name of the Hotel | | | |
| Atoll & Island | Address | | |
| Existing No. of Rooms | Existing No. of Beds | | |
| No. of Rooms to be changed to | No. of beds to be changed to | | |
| Website | E-mail | Phone Number | |

| DETAILS OF LESSEE/OWNER | | ޕްރޮޕާޓީ ހިންގާ ފަރާތް ނުވަތަ ޕްރޮޕާޓީ ހިންގާ ފަރާތް ގެ ޖަޔްސިވާރިސާ | |
|--|---------|--|--|
| Name of the Lessee/ Company | | | |
| ID card No/ PP No/ Company Reg. No of Lessee | | | |
| Atoll & Island | Address | | |
| Website | E-mail | Phone | |



| DETAILS OF OPERATOR | | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ފަޞްޓް ނަންމު |
|---|--|--|
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Name of the Operator | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ޕްރޮސެސިންގ ނަންމު / ޕްރޮސެސިންގ ނަންމު / ޕްރޮސެސިންގ ނަންމު : _____ ID card No/ PP No/ Company Reg. No of Operator | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Atoll & Island | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Address | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ E-mail | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Phone | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Website | | |

| DETAILS OF MANAGEMENT | | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ފަންނުގެ ނަންމު |
|---|--|--|
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Name of the Management Company | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Company Reg. No | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Address | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ E-mail | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Phone | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Website | | |

| Declaration | | އެއްބަސްކުރުން |
|---|---|----------------|
| <p>I hereby declare that the information given in this application is true and correct. And I have read the Tourist Hotel of the Maldives and agree to abide by the terms and conditions stated in the Regulation. Furthermore, if the information given in this form is proven false at any time, I understand that the Tourist Hotel operating license will be cancelled.</p> | | |
| ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Sign & Stamp | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Name | |
| | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Designation | |
| | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Date | |
| | ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____ Contact Number | |
| <p>Note: Application must be submitted at least (4) weeks prior to license expiry or commencement of operation</p> <p>ފަންނުގެ ރިސޯޓް އޮޕަރޭޓަރުގެ ނަންމު : _____</p> <p>After verifying information provided in this form, our team will contact the number provided in the form to arrange an inspection of the Hotel. Incomplete forms will be rejected.</p> | | |



Documents to be submitted with Application

General Documents:

- Original of previous license
- If the operator is other than the owner, a copy of the lease/management agreement. *(There should be a clause in the agreement allowing for the use of the premises as a tourist hotel)*
- ID card/Business entity Registration of head lessee/land owner
- Permission from the relevant Government Authority to use the building as a Tourist Hotel
- A copy of registration certificate for land / building (if located in a private owned land/house)
- Copy of Insurance Policy (Public Liability and Commercial Fire Insurance policy)
- Copy of Restaurant operating approval from Health Protection Agency (HPA)/Hospital/Health Post
- Tax clearance report of operator (issued date shall not be more than 1 month)
- Disaster Management Plan of the Hotel

If the operator is a Foreign Party:

- If the operator is a foreign individual copy of Passport, Work Permit and Visa
- Foreign party registration issued by Ministry of Economic Development

If the operator is a Individual:

- Copy of Sole proprietorship Registration
- Updated Sole proprietorship profile sheet (under the objectives Tourist Hotel shall be there as an activity)

If the operator is a company:

- Copy of Company Registration
- Updated Company profile sheet (under the objectives Tourist Hotel shall be there as an activity)

If the operator is a partnership:

- Partnership Registration copy
- Updated Partnership profile sheet (under the objectives Tourist Hotel shall be there as an activity)

For operator change:

- Cancellation request letter by previous operator of the Hotel
- Board Resolution of business entity operating previously to cancel the operating license (if previous operator is a Company/Partnership)
- Copy of a document that states the cancellation of the signed agreement between the owner and previous operator
- Tax Clearance report of previous operator (issued date shall not be more than 1 month)