



**MINISTRY OF TOURISM
REPUBLIC OF MALDIVES**

APPLICATION FORM FOR TOURIST RESORT OPERATING LICENSE.

Purpose of submitting

- New Renewal Change of Owner Change of Operator
 Replace Name Change Change of no. of beds Change of Management

RESORT DETAILS

Name of the Resort:

Name of the Island and Atoll:

No. of Rooms at the time of Application:

No. of Beds at the time of Application:

No. of Rooms Increased: No. of Beds Increased:

E-Mail Address

Website Address

Resort Contact Number: Fax:

DETAILS OF LESSEE

Name & Present Address of the Lessee:

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ID Card No / PP No/Company Reg. No:

(If Lessee is an Individual)

Tel: Fax: e-mail:



Permanent Address of the Lessee:
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.....

Tel: Fax: e-mail:

DETAILS OF OPERATOR

Name and Present Address of the Operator:
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ID Card No / PP No/Company Reg. No:
(If the Operator is an Individual)

Tel: Fax: E-mail:

Permanent Address of the Operator:
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Tel: Fax: e-mail:

Name and Present Address of the Management:
(Under Management contract)
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ID No / PP No / Company Reg No:
(If managing by an individual)

Tel: Fax: e-mail:



Permanent Address of the Management:

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Tel: Fax: e-mail:

****If the Operator is other than the Lessee, a copy of the sublease/management agreement or other documentation should be submitted***

****Copy of the Company Registration Certificate of Owner/Operator***

****Copy of the Business Name Registry (Resort Name)***

****ID Card/Passport copies of Lessee /Operator***

****Tax Clearance Report of Maldives Inland Revenue Authority***

****Original of the previous Operating License should be submitted with this application.***

I hereby declare that the information given above is correct:

Name:	Signature:
Designation:	
Contact no:	Seal of Operator:
Mobile no:	
Date:	