APPLICATION FOR HOTEL ESTABLISHMENT CLASSIFICATION/ RENEWAL OF CLASSIFICATION Hotel Establishment Details:

File No:

Name of Hotel Unit:

Physical Address of Hotel Unit:

Contact Details of the Hotel Establishment:

P.O.	
Box	
Postal	
Code	
Tel.	
Fax	
Email	
Address	

Hotel Operator Details:

(Natural/Legal Person)

Name of Company or Natural Person:

			CAPACITY		
Company Registration Number of			CAMPING SITES		
Company or Identity Card Number	Tourist Camps	N/A			
of Natural Person:	THE APPLICANT				
	Signature of Hotel				
	Operator				
Listal Managar	(In case of a company, please add the company's seal)				
Hotel Manager Details:	Name of Hotel				
	Operator				
Name:	(Natural/ Legal Person)				
	Date				
Identity Cand on Deconant Number	An application for Renewa	I of Classification	shall be submitted to the		
Identity Card or Passport Number:	Deputy Ministry of Tourism 6 months before the end of the classification				
	validity period of your estab				
NB: Applications that are not	If the "Hotel Manager Details		n submitted, please attach		
completed in full shall not be	it to the present application.				
considered.					

F-HTL-03/18-0

DEPUTY MINISTRY OF TOURISM

1. CLASSIFICATION

Please tick ($\sqrt{}$) the appropriate box

Hotel Classification / Renewal of Classification

Hotel Re-classification (Change of Class)

2. HOTELS

	CLASS	CAPACITY	
	STARS	ROOMS	BEDS
Hotel			
City Hotel *			

Hotel - Traditional Building

*Within an Urban or Central Business District Area ("CBD") -

Please submit a relevant certificate from the competent local authority.

N/A

HOTEL CERTIFICATION, IF APPLICABLE

Please tick ($\sqrt{}$) the appropriate box

Boutique	According to the provisions of Article 8 of the Law Regulating the Establishment and Operation of
Suites	Hotels and Tourist Establishments.

3. TOURIST ESTABLISHMENTS

	CLASS	CAPACITY	
		FLATS	BEDS
Hotel Apartments			
Tourist Villages			
Traditional Building	N/A		

	CLASS	CAPACITY	
		VILLAS	BEDS
Tourist villas	N/A		