

FORM-F

(see rule 7)

APPLICATION FOR REGISTRATION OF A HOTEL

- 1. Name of the hotel**
- 2. i) Year of the establishment;**
ii) Date of commission in respect of new hotels commission or after 1st January, 1977
- 3. i) Address**
ii) Telegraphic address;
iii) Telex number;
iv) Telephone numbers if any.
- 4 Location**
i) Province
ii) Town
iii) Street
- 5, Nature of ownership (please state whether sole proprietorship, firm cooperative ,Limited Company etc**
- 6, Name of owner with parentage**
- 7 i) Full address of the owner :and**
ii) Telephonic Address of the owner: and
iii) Telephone number if any.
- 8. Name of Manager with parentage,**
i) Address
ii) Telephone number if any.
- 9, Land**
i) Area of hotel:
ii) Covered area:
iii) Whether held proprietorship or on lease or mortgage.
- 10 Costs:**

- i) Cost of land
- ii) Cost of building :
- iii) Cost of furniture and fixture
- iv) Cost of equipment,
- v) Annual lease or mortgage money if any
- vi) Working capital and
- Vii Total investment

11. Building

- i) Number of floors
- ii) Number of rooms on each floor.

NATURE OF ROOMS	WITH ATTACHED BATH	WITHOUT ATTACHED BATH
Single bed (total)		
Double bed(total)		
Suites (total)		
Other (specify)		
Total		

iii) Public rooms

- a) Please give details e.g. visitors rooms, reception hall, cloak room, reading room, restaurant, etc., with the area of each room.
- b) Common bath rooms (Indicate floor and numbers)
- c) Common toilets (indicate floor and numbers).
- iv) Number of stair cases and lifts:
- v) Car park (Please indicate capacity)
- vi) Area of compound and gardens, if any; and
- vii) Date of completion of constructions:
Please also mention last date of renovation, if any.

N.B. Please attach a plan of the building(existing)

12 Furniture and fixture indicating floor covering ,if any and provided in

- i) A bed room(single,double,suites)
- ii) Common rooms:
- iii) Corridors, galleries etc;
- iv) Bathrooms attached with bedrooms &
- v) Common bathrooms and toilets:

13. **Facilities available on the hotel premises:** (Please give details e.g. telephones whether provided in rooms or on each floor and lobby, banking counter, reception, postal counter, running hot and cold water, heating or air-conditioning, restaurant, coffee shop, cold storage, lockers, entertainments etc.

4. **Types of cuisine served, whether a restaurant is attached with the hotel.**

15. **Class of majority of guests** (Please indicate whether mostly foreigners or Pakistanis and also mention the peak season of business).

16. **Employees:**

Category	Total number	Professionally trained	Not professionally trained	Apprentices	English Knowledge.
Manager					
Front Office staff					
Desk staff					
Billing desk staff					
Stewards					
House Keeping staff					
Cooks					
Restaurant bearers					
Others.					

17. **Classification desired.**

18. **Rates charged** (Please give full details of room rents, service charges, taxes and rates for breakfast, meals, etc.):-

- i) Immediately before the 1st January, 1977 and:
- ii) Present (with date from which prescribed)

Place: _____

Date: _____

Signature of applicant _____

Designation of _____

Applicant: _____

DOCUMENTS REQUIRED TO BE SUBMITTED ALONGWITH THE
APPLICATION FOR REGISTRATION AND LICENCE OF A HOTEL OR A
RESSTAURANT.

1. Medical Fitness Certificate of each employee on the prescribed Form-I from a Registered Medical Practitioner.
2. Building Plan of Hotel or Restaurant.
3. Room rates /copy of Menu Card or rate list.
4. Copy of NIC of the Proprietor/Partners//Directors/Chief Executive/General Manager.
5. Attested copies of Lease Agreement /Proof of Ownership of Hotel/Restaurant premises.
6. In case of a Partnership Firm attested copies of Registration Certificate and Partnership Deed duly certified by the Registrar of Firms.
7. In case of a Limited Company, attested copies of Incorporation Certificate, Memorandum and Articles of Association, Form-A and Form –29 duly certified by the Registrar of Companies.