



Application for a Catering Establishment Licence

In terms of the Malta Travel and Tourism Services Act 1999

File Reference

| | | | | | |
|--|--|--|--|--|--|
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|--|--|--|--|--|--|

Receiving Officer: _____

**MALTA TOURISM AUTHORITY
Licensing Administration Section
229 Merchant's Street
Valletta VLT 1170**

Date Received Stamp:

The application for a Catering Establishment is in three parts: Part A, Part B and Part C. All relevant parts pertaining to the application in Part A and Part C are to be filled in. The documents as requested in Part B are to be submitted following approval and issue of a Tourism Compliance Certificate issued by the Malta Tourism Authority.

This application form carries a fee of € 46.59. Applicants are to present payment at the MTA Cash Office at 229 Merchants Street, Valletta, Malta or at the MTA Branch Office at Tigrinja Palazz, Triq ir-Repubblika, Victoria Gozo, prior to submission of application. A copy of the receipt is to be submitted with this application.

Warning to applicant. Any false statements, misrepresentation or concealment of material fact on this form or on any document presented in support of this application, may be grounds for criminal prosecution.

DATA PROTECTION STATEMENT: Personal information provided in your application is protected under the Data Protection Act 2001. The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act (Chapter 440 of the Laws of Malta) for licensing and administrative purposes and to comply with the Authority's legal obligations. Upon approval of your application, the Authority, occasionally, may use your personal details for marketing purposes.

If you still have queries you can telephone for advice on phone no. 22915000.

Part A

| | | |
|-----------|--|-------------|
| 01 | Applicant's Details (to whom licence shall be issued) | |
| | Name & Surname | |
| | Nationality | I.D. Number |
| | Address | |
| | | |

| | |
|---|----------|
| Tel /Mobile | Fax |
| E-Mail | Internet |
| Vat No | |
| Registered company <i>(if applicant is a body corporate)</i> | |
| Registered address | |
| Tel / Fax No / E-Mail | |

| | | |
|-----------|---|-------------|
| 02 | Operator's Details <i>(to be filled in if premises is not to be operated by applicant)</i> | |
| | Name & Surname | |
| | Nationality | I.D. Number |
| | Address | |
| | | |
| | | |
| | Tel /Mobile | Fax |
| | | |
| | E-Mail | Internet |
| | Registered company name | Vat No |
| | <i>(if applicant is a body corporate)</i> | Tel No |
| | Registered address | |
| | | |

| | | |
|-----------|---|--|
| 03 | Location of Proposed Development <i>(Please complete in block letters)</i> | |
| | Trading Name | |
| | Street Name | |
| | | |
| | Locality | |

| | | | | |
|-----------|---|--|--------------------------|--|
| 04 | Proposed classification <i>(tick where applicable)</i> | | | |
| | Restaurant (First Class) | | Snack Bar (First Class) | |
| | Restaurant (Second Class) | | Snack Bar (Second Class) | |
| | Restaurant (Third Class) | | Kiosk (Standard) | |
| | Bar 1 (First Class) | | Nightclub (Standard) | |
| | Bar 2 (Second Class) | | Disco (Standard) | |
| | | | | |

| | | | |
|-----------|---|-------------|------|
| 05 | Previous HCEB or Police Permit (if applicable) <i>(Please complete in block letters)</i> | | |
| | | | |
| | Reference No | Description | Date |
| | | | |

| | | |
|-----------|---|--|
| 06 | Submission Requirements <i>(to be submitted with Part A of the application)</i> | |
| | | |
| 1 | Recent Police Conduct Certificate of applicant; | |
| 2 | Site plan and lay out plan certified by an architect | |
| 3 | Land Department Permit (if applicable) | |
| 4 | Receipt of application fee € 46.59 | |
| 5 | A copy of the Memorandum and Articles of Association (if applicant is a body corporate) | |
| 6 | Document showing rental value of the bar area of premises (lease agreement or declaration by architect) | |

Part B

To be submitted after the development project has been completed

| 07 | Submission Requirements |
|----|--|
| 1 | A copy of the Planning Authority permit including plans |
| 2 | Clearance from the Superintendent of Public Health |
| 3 | Public Sewer Discharge permit from Water Services Corporation. |
| 4 | Detailed CV of Chef/Operator |
| 5 | A copy of the proposed menu |
| 6 | Fire Safety Certificate |

Part C

| 08 | Declaration regarding right of use of the premises: |
|----|--|
| | <p>I hereby declare that I have sought and procured the consent of the owner of the premises to process this application in terms of law.</p> <p>Signature of applicant</p> <p>Name of applicant</p> <p>I.D Card Number of applicant</p> <p>Signed in the presence of</p> <p>(Please enclose photo copy of both sides of applicant's I.D. card).</p> |

09 Declaration by Applicant and Spouse (Please complete in block letters)

This form is being signed as follows:-

- a) If the applicant is an individual, by that individual and by his/her spouse;
- b) If the applicant is a company or any other organisation, by a duly authorised person on behalf of the company or organisation who should state his official position within the company or organisation;

I, the undersigned, declare that :-

- a) I shall, at all times abide by the provisions of the Malta Travel & Tourism Act (Cap 409) and regulations made thereunder.
- b) I bind myself to inform the Authority of any changes in circumstances regarding the information given above within two weeks of their occurrence.
- c) I declare that the information given on this form is accurate and complete.
- d) I have read the data protection statement and **(tick as appropriate)**

I CONSENT to the information provided on this application being disclosed as described in the statement.

OR

I DO NOT CONSENT to direct marketing.

Signature of Applicant

Signatory's name

On behalf of (if applicable).....

Official Position

Signature of Spouse

Name of Spouse

Date

This form should be returned to the Malta Tourism Authority, Licensing & Administration Section at the address shown on the front cover.