



Application for a Travel Operator or Excursion Operator Licence

In terms of the Malta Travel and Tourism Services Act 1999

File Reference

Receiving Officer: _____

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

Date Received Stamp:

The application for a Travel operator is in four parts: Part A, Part B, Part C. and Part D. All relevant parts pertaining to your application in Part A and Part B are to be filled in. The documents as outlined in Part C 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 Cash Office of the Malta Tourism Authority, Auberge D'Italie, Merchants Street, Valletta, or at the MTA's branch office at Tigrija Palazz, Republic Street, Victoria, Gozo, prior to submission of application. A copy of the receipt is to be attached with the 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. New applicants should phone on 22915000.

Part A (To be completed in block letters)

Application is for a:- (indicate with a "✓" the principal operation and with an "X" the secondary activities)

- | | | | |
|--------------------------------|--------------------------|------------------------|--------------------------|
| Travel Agent (outgoing) | <input type="checkbox"/> | Incoming Tourism Agent | <input type="checkbox"/> |
| Destination Management Company | <input type="checkbox"/> | Excursion Organiser | <input type="checkbox"/> |

01	Applicant's Details (to whom licence shall be issued)
	Name & Surname _____
	Official position _____
	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>
	Name of Company (if applicable) _____
	ID No _____
	Nationality _____
	Address _____
	Locality _____
	Business Address _____
	Locality _____
	Tel /Mobile _____
	Fax _____
	E-Mail _____

02	Operator's Details (to be filled in if different from above)
	Name & Surname _____
	Official position _____
	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>
	Name of Company (if applicable) _____
	I.D. No _____
	Nationality _____
	Address _____
	Locality _____
	Business Address _____
	Tel /Mobile _____
	Fax _____
	E-Mail _____
	Internet _____

03	Company details (if applicant is a body corporate)
	Registered company name _____ <i>(if applicant is a body corporate)</i>
	Company Registration number _____
	Date of Registration (day/month/year) _____
	Registered office address _____
	Locality _____
	Telephone _____
	Fax _____
	E-Mail _____

04	Submission Requirements
	Police conduct Certificate of applicant and operator
	Detailed Curriculum Vitae of operator
	Site plan and lay-out plan of the premises to be used for business
	In the case of Companies submit a copy of the Memorandum and Articles of Association

Part B

05	Principal Place of Business (<i>Please complete in block letters</i>)
	Trading Name _____ (to appear on the licence)
	Address _____
	Locality _____
	VAT Number _____
	Telephone _____
	Fax _____
	E-mail _____
	Branch manager _____

06	Branch Office 1 (<i>Please complete in block letters</i>)
	Trading Name _____ (to appear on the licence)
	Address _____
	Locality _____
	Tel/Fax: _____
	E mail _____
	Branch manager _____

State whether premises are used solely for the sale of travel, and if not, specify what other activity is carried on from premises.

Part C

To be submitted following the issue of Tourism Compliance Certificate by the Malta Tourism Authority and before consideration for the issue of a licence:-

07	Submission Requirements
8.1	Immediate:-
a	Permit issued by MEPA in respect of premises to be used for this activity
b	Third party liability insurance (immediately following issue of licence)

Part D

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	<p>Declaration by Applicant and Spouse <i>(Please complete in block letters)</i></p> <p>This form must be signed as follows</p> <ul style="list-style-type: none"> a) If the applicant is an individual, by that individual and his/her spouse b) If the applicant is a company or any other organisation, by a duly Authorised person who should state his or her official position <p>I, the undersigned, declare that:-</p> <ul style="list-style-type: none"> a) I shall abide by the provisions of the Malta Travel & Tourism Act (Cap 409) and regulations made thereunder in respect of Travel Operators. b) I bind myself to inform the Authority of any change in circumstances regarding the information given above within two weeks of its 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) <p style="text-align: center;"> I CONSENT to the information provided on this application being disclosed as described in the statement. <input type="checkbox"/> </p> <p style="text-align: center;">OR</p> <p style="text-align: center;"> I DO NOT CONSENT to direct marketing. <input type="checkbox"/> </p> <p>Signature of Applicant</p> <p>Signatory's name</p> <p>On behalf of (if applicable).....</p> <p>Official Position</p> <p>Signature of Spouse</p> <p>Name of Spouse</p> <p>Date</p>
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This form should be returned to the Malta Tourism Authority, Licensing & Administration Section at the address shown on the front cover.