



**Application for a Holiday
Furnished Premises
For Domestic Tourist Licence**

In terms of the Malta Travel and Tourism Services Act 1999

File
Reference

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Receipt No: _____

Receiving Officer: _____

**MALTA TOURISM AUTHORITY
Licensing Administration Section
229 Merchants Street
Valletta VLT 1170**

Date approved stamp

The application for a Holiday Premises Licence for Domestic Tourism is in three parts: Part A, Part B and Part C. All relevant parts are to be filled in and submitted to the Malta Tourism Authority.

This application form carries a fee of € 2.33. 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 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 22915000.

Part A

01	Applicant's Details (to whom licence shall be issued)	
	Name & Surname	
	Nationality	I.D. No
	Address	
	Tel /Mobile	Fax
	E-Mail	Internet

VAT Number	
Registered Company <i>(if applicant is a body corporate)</i>	
Registered company number	
Registered address	
Tel/Fax No	E-Mail

Part B

02	Location of Premises to be licensed
	Trading Name
	Address
	Locality

03	Proposed classification (tick where applicable)		
		Bedrooms	Beds
Apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Villa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farmhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

04	Development Profile (Please complete in block letters)	
1	Number of Bedrooms	
2	Number of beds	

05	Submissions Requirements	
1	Site plan and lay out plan.	
2	Evidence of ownership or title If applicant is not the owner or sole owner.	
3	Receipt of € 2.33.	
4	Copy of MEPA permit	

06	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>

Part C

07	<p>Declaration by Applicant and Spouse (<i>Please complete in block letters</i>)</p> <p style="text-align: center;"><i>This form is being signed as follows:-</i></p> <p>a) By that individual and by his/her spouse if the applicant is an individual;</p> <p>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;</p> <p>I, the undersigned, declare that :-</p> <p>a) the premises under application is covered by the relevant building permit</p> <p>b) I shall, at all times abide by the provisions of the Malta Travel & Tourism Act (Cap 409) and regulations made thereunder.</p> <p>c) I bind myself to inform the Authority of any changes in circumstances regarding the information given above within two weeks of their occurrence.</p> <p>d) I declare that the information given on this form is accurate and complete.</p> <p>e) I have read the data protection statement and (tick as appropriate)</p> <p style="margin-left: 40px;">I CONSENT to the information provided on this application being disclosed as described in the statement. <input style="float: right;" type="checkbox"/></p> <p style="text-align: center;">OR</p> <p style="margin-left: 40px;">I DO NOT CONSENT to direct marketing. <input style="float: right;" 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.