



Application for a Licence To Hire Umbrellas, Deckchairs, Sunbeds, etc

File Reference

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Receiving Officer: _____

MALTA TOURISM AUTHORITY
Licensing Directorate,
Building SCM 01, Suites 301-306,
SmartCity Malta,
Ricasoli SCM 1001,
Kalkara, MALTA.

Date Received Stamp:

This application for a licence to hire umbrellas, deckchairs, sunbeds, etc is in 5 parts. All parts are to be filled in. Part 4 is to be signed and dated by applicant and his/her spouse. **This application carries a fee of Lm 20.00 (€ 46.59).**

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. 21224444,
or email us at licensing.mta@visitmalta.com

01	DETAILS OF PREMISES
	Name of Premises
	Address
	Telephone
	Fax
	VAT Number
	Details of proposed operation

02	DETAILS OF APPLICANT
	Name
	On behalf of (Company Name if Applicable)
	Residential Address
	Telephone No.
	I.D. Card No.

03	SUBMISSION OF DOCUMENTS
1	Recent Police Conduct Certificate of applicant and operator
2	Copy of a current licence (if available)
3	Site plan and lay-out plan
4	Land Department permit (if activity is being carried out on public land)
5	Planning Authority Permit (authorizing use of premises for such activity)

04	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 prosecute 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>

05	<p>DECLARATION BY APPLICANT AND SPOUSE</p> <p>I the undersigned declare that:-</p> <p>a) I shall at all times abide by the provisions of the Malta Travel & Tourism Act (Cap 409) and regulations made thereunder;</p> <p>b) I bind myself to inform the Authority of any changes in circumstances regarding the information given within two weeks of its occurrence;</p> <p>c) I declare that the information given on this form is accurate and complete.</p> <p>d) I have read the data protection statement and (tick as appropriate)</p> <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.