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Vetted by: _____

Application Form For the Registration for an Operator in a Tourism Establishment

MALTA TOURISM AUTHORITY
Licensing Directorate
SCM 01 LEVEL 3
SMART CITY

Date Received Stamp:

This is a registration Form for an **Operator in a Tourism Establishment**. All parts are to be filled in. Part 6 is to be signed and dated by Licensee and Operator.

Warning to Licensee/Operator: Any false statements, misrepresentation or concealment of material fact on this form or any document presented in support of this application form, may 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 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. 21244444, or email at licensing.mta@visitmalta.com

(1) DETAILS OF ESTABLISHMENT

Name of Premises: _____

Address: _____

E-Mail Address: _____

Tel / Mobile: _____

VAT Number: _____

File Reference

Type of Tourism Establishment:

(2) DETAILS OF LICENSEE

Name : _____

ID Card No: _____

Name Of
Company (if
Company is the
Licensee) _____

Company
Registration No: _____

Address: _____

Tel / Mobile: _____

E-Mail: _____

(3) DETAILS OF PROPOSED OPERATOR

Name : _____

Name Of
Company (if
Company is the
Licensee) _____

Company
Registration No: _____

Address: _____

Tel / Mobile: _____

E-Mail: _____

Vat No : _____

Date of
Termination of
Lease: _____

Responsible for (cross out (1) Or (2) which do not apply:

1) The Whole Premises:

2) Part of the Premises:

If the operator is responsible for only part of the premises, please state here
which part of the Premises:

(4) FORM REQUIREMENTS

- 1) Copies of I.D. Cards of both Licencee and of the proposed operator.
- 2) Experience/qualifications of proposed operator in the relative trade.
- 3) Certification from Medical Practitioner that proposed operator is "free from contagious diseases". (In case of catering establishments/bars).
- 4) Copy of the license in respect of the property shown at Part 01.
- 5) In case the operator is a body corporate, a company resolution must be submitted indicating the person being empowered to represent the body corporate on the license.
- 6) Copy of Memorandum and Articles in case proposed operator is a body corporate.
- 7) Recent Police Conduct Certificate of proposed operator.

All Documentation requested in Part (A and B) in this Application Form must be submitted together with this Application for processing.

Please see attached checklist at the end of the Application Form

(5) Declaration regarding right of use of the premises

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.

Signature of applicant:

Name of applicant:

I.D Card Number of Licensee:

Signed in the presence of:

The Licensee and proposed operator hereby declare that:

- a) They shall, at all times abide by the provisions of the Malta Travel and Tourism Act (Cap 409) and regulations made there under.
- b) They bind themselves to inform the Authority of any changes in the circumstances regarding the information given in this registration form within two weeks of occurrence.
- c) They hereby confirm that they are jointly responsible for any outstanding license and contribution fees to the Authority in terms of law.
- d) They declare that the information given on this form is accurate and complete.
- e) They have read the data protection statement and (tick as appropriate).
 - ☐ CONSENT to the information provided on this application being disclosed as described in the statement.
 - OR
 - ☐ DO NOT CONSENT to direct marketing.

Signature of Licensee:

On behalf of:

(If Company is Licensee)

Signature of Operator:

On behalf of:

(If Company is Operator):

Date:

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

OPERATORS

1. ☐ Application Form
2. ☐ Identity Card
3. ☐ Applicant's CV
4. ☐ Police Conduct*7
5. ☐ Doctor's Certificate for Operator
6. ☐ Copy of Licence
7. ☐ All Licences up to date
8. ☐ Company Resolution*2 if applicable- Company registration and representation.
9. ☐ Copy of full Memo of Articles of association and company resolution if applicable*3 (if applicable)
10. ☐ **Signatures must be accompanied by ID Card**

*2 New Licencee Operator/ or Substitute will not be inserted unless payments are in time.

*3 Operator is to be inserted in Licence only after the relevant Form is complete and all documents have been submitted.

*7 Recent Police Conduct- (year of duration of licence) must be clear during the last 5 years, Unless served prison sentence in the last 5 years or suspended sentence for 6 months or more during the last 5 years.