SCHEDULE-VI FORM-F

(See Rule 7)

APPLICATION FOR REGISTRATION OF A HOTEL, MOTELS, GUEST HOUSES, CAMPING SITES, HUTS AND REST HOUSES

1.		Name of the Hotel:						
2.		Year of the Establishment:						
3.	i)	Address:						
	ii)	Telegraphic address:						
	iii)	Telex number:						
	iv)	Telephone numbers:						
	v)	Cell number:						
4.		Location						
	i)) Province						
	ii)) Town						
	iii)	Street						
5.		Nature of ownership (please state whether sole proprietorship, firm cooperative, LimitedCompany etc.						
6.		Name of owner with parentage:						
7.	i)	Full address of the owner:						
	ii)	Telephonic address of the owner:						
	iii)	Telephone number:						
	iv)	Cell number:						
8.		Name of Manager with parentage:						
	i)	Address						
	ii)	Telephone number if any.						
9.		Land						
	i)	Area of hotel:						
	ii)	Covered area:						
	iii)	Whether held proprietorship or on lease or mortgage:						

10.		Costs:								
	i)	Cost of land:								
	ii	Cost of building:								
	iii	_	Cost of furniture and fixture:							
	iv		Cost of equipment:							
	v)) Annu	Annual lease or mortgage money if any:							
	vi		Working capital:							
	vii) Total	Total investment:							
11.		Build								
	i)	·								
	ii	Number of rooms on each floor:								
NATURE OF ROOMS				WITH ATTACHED BATH	WITHOUT ATTACHED BATH					
	le bed									
	Double bed									
	Suites									
Othe	Other(s) (specify)									
•••	T	<u>'otal</u>								
iii)	• ,	Public								
	i)				oak room, reading room, restaurant,					
		etc., wi	ththe area of ea	ach room.						
	ii)	Common bath rooms (Indicate floor and numbers)								
	iii)	Common toilets (indicate floor and numbers).								
	iv)	Number of stair cases and lifts:								
	v)	Car park (Please indicate capacity):								
	vi)	Area of compound and gardens, if any:								
	vii)	Date of completion of construction: Please also mention last date of renovation, if any.								
		Please attach a plan of the building (existing)								
12.		Furniture and Fixture indicating floor covering, if any and provided in								
	i)	A bed room (single, double, suites):								
	ii)	Common rooms:								
	iii)	Corridors, galleries etc.:								
	iv)	Bathrooms attached with bedrooms & Common bathrooms and toilets:								
1.5	v)									
13.		Facilities available on the hotel premises: (Please give details e.g. telephones whether provided in rooms or on each floor and lobby, banking counter, reception, postal counter, running hot and cold water, heating or air-conditioning, restaurant, coffee shop, cold storage, lockers, entertainment, internet, TV, etc.								

		Types of cuisine s	served, whether a restaura	nt is attached with the hotel.		
		Class of majority of guests (Please indicate whether mostly guests are foreigners or Pakistani and also mentionthe peak season of business).				
		Employees				
tegories		Total Number	Professionally Trained	Not Professionally Trained		
Manager						
Front Office Staff						
Desk Staff						
Billing Desk Staff						
Stewards						
House Keepin Staff	g					
Cooks						
Restaurant						
Others.						
	Classif	fication desired				
	Rates	es charged (Please give full details of room rents, service charges, taxes and rates for breakfast, meals,				
,						
11)		ent (with date from which prescribed)				
DI						
Place:						
Date:_						
			Name of A	applicant:		
			Designatio	n:		
			Signature a	& Seal of Applicant:		
	Front Office Staff Desk Staff Billing Staff Steward House Keepin Staff Cooks Restaur Bearers Others.	Front Office Staff Desk Staff Billing Desk Staff Stewards House Keeping Staff Cooks Restaurant Bearers Others. Classift Rates etc. i) Immedii) Presen	Class of majority Pakistani and also in Employees Total Number Manager Front Office Staff Desk Staff Billing Desk Staff Stewards House Keeping Staff Cooks Restaurant Bearers Others. Classification desired Rates charged (Please give etc. i) Immediately before the 1st in Present (with date from with all of the party of the par	Pakistani and also mentionthe peak season of busines Employees		

DOCUMENTS REQUIRED TO BE SUBMITTED WITH THE APPLICATION FORM FOR HOTEL/RESTAURANT REGISTRATION AND LICENSE

- i. Medical Fitness Certificate of each employee on the prescribed Form-I from a registered medical practitioner.
- ii. Building Plan of Hotel or Restaurant.
- iii. Room rates /copy of Menu Card or rate list.
- iv. Copy of CNIC of the Proprietor/Partners//Directors/Chief Executive/General Manager.
- v. Attested copies of Lease Agreement /Proof of Ownership of Hotel/Restaurant premises.
- vi. In case of a Partnership Firm, attested copies of Registration Certificate and Partnership Deed duly certified by the Registrar of Firms.
- vii. In case of a Limited Company, attested copies of Incorporation Certificate.
- viii. Memorandum and Articles of Association, Form-A and Form-29 duly certified by the Registrar of Companies.