APPLICATION FORM FOR GUEST HOUSE/REST HOUSE OR MOTEL LICENCE

1.	Name of Guest House/Rest House or Motel:										
2.	i)	i) Address:									
	ii)	Telephone number:									
3.	11)	Location:									
<i>J</i> .	i) Province:										
	ii)	District:									
4	11)										
4.	i)	Name of owner with parentage; Full address of the owner:									
	,										
	ii)	Telephonic address of the owner:									
	iii)	Cell number: WhatsApp Number:									
5.		Name of Manager with parentage;									
	i)	Address:									
	ii)	Telephone number if any:									
6.	• • •	Land;									
	i) ii)	Area of Guest House/Rest House or Motel: Covered area:									
	iii)	Whether held proprietorship or on lease or mortgage:									
7.	111)	Costs;									
	i)	Cost of furniture and fixture:									
	ii)	Cost of equipment:									
	iii) Annual lease or mortgage money if any:										
0	iv)	Total investment:									
8.	;)	Fixture if any and provided; A bed (single, double, suites):									
	i) ii)	Common rooms:									
	iii)	Corridors, galleries etc.:									
	iv)	Bathrooms attached:									
	v)	Common bathrooms and toilets:									
09.	Rates	s charged (Please give full details of service charges, rates for breakfast, meals, etc.)									
	i)	Immediately before the 1 st January of every year									
	ii)	Present (with date from which prescribed)									
	<u> </u>										

	Name & Designation of Applicant:
Date:	Signature & Seal of Applicant:

DOCUMENTS REQUIRED FOR GUEST HOUSE/REST HOUSE OR MOTEL LICENCE

- i. Character Certificate of owner/CEO/Director of Guest House/Rest House or Motel.
- ii. The following details of staff must be mentioned on the firm letterhead and attach attested copies of supporting documents.

S.#	Name	Designation	Address	CNIC No.	Contact No.	Email Address	om No	Detail of Social Media Account (Facebook, X, You Tube etc)	Trained (name of the institute)	Knowledge of foreign language	Training & Experience in travel trade business
1	2	3	4	5	6	7	8	9	10	11	12

- iii. Medical Fitness Certificate of each employee on the prescribed Form-I from a registered medical practitioner.
- iv. Copy of full details of service charges, rates for breakfast, meals, etc on the firm letterhead.
- v. Copy of CNIC of the Proprietor/Partners//Directors/Chief Executive/General Manager.
- vi. Attested copies of Lease Agreement or Proof of Ownership of Guest House/Rest House or Motel.