



GHANA TOURISM AUTHORITY

APPLICATION FOR REGISTRATION OF CONFERENCE HALLS/FUNCTION AND EVENTS CENTRES



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APPLICATION FOR REGISTRATION OF CONFERENCE HALLS/FUNCTIONS AND EVENTS CENTRES

File No.:

APPLICANT

Name of Applicant:

Location: Street No:

Postal Address: Town/City Postal Code Country

Telephone No(s):

E-mail Address/website

Banker(s):

Name of certified Accountants/Auditor Firm:

Type of Entity (e.g. Sole Proprietor / Partnership- Public or Private Limited Liability Company / Cooperative Society):

Ownership (Private Ghanaian/State Owned/Foreign Owned/Joint Ghanaian/Joint Foreign etc.)

Ownership Structure Local Private % Local % Foreign %

PARTICULARS OF SHAREHOLDERS

NO.	NAME	NATIONALITY	PROFESSION/ OCCUPATION	SHAREHOLDING %	AMOUNT PAID GH¢
1					
2					
3					
4					
5					

PARTICULARS OF DIRECTORS

NO.	NAME	NATIONALITY	PROFESSION / OCCUPATION	DOMICILE
1				
2				
3				
4				

PARTICULARS OF PROJECT/ESTABLISHMENT

Name of Establishment:

Location:

Street Name: GP Digital Address:

District: Region:

Nature of Development (Planned, On-going, Rehabilitation, refurbishing/Expansion):

No of Conference Halls: Seating Capacity:

Other facilities (with seating capacities where applicable):

<p>Mandatory documents to be submitted (attach copies)</p> <p><input type="checkbox"/> Business Registration Documents</p> <p><input type="checkbox"/> Building Permit</p> <p><input type="checkbox"/> Evidence of ownership (lease document/indenture/tenancy agreement)</p> <p><input type="checkbox"/> Development or change of use permit from Town and Country Planning Department</p> <p><input type="checkbox"/> Report from the Police (CID) on the criminal records of Proprietor/Manager and Key personnel of unit</p> <p><input type="checkbox"/> Fire Permit / Certificate</p> <p><input type="checkbox"/> Suitability report from the Environmental Health Division of the District Assemble</p>	<p><i>For Office Only</i></p> <p><i>App. Receipt</i> No.: _____</p> <p><i>Reg. Receipt</i> No.: _____</p> <p>Remarks _____</p> <p>Officer's Name: _____</p> <p>Officer's Signature: _____</p>
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I APPLY FOR THE REGISTRATION OF _____ AND DECLARE THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE

DATE: _____ APPLICANT'S SIGNATURE: _____

NAME: _____

DESIGNATION: _____

INFORMATION PROVIDED IS CONFIDENTIAL