REPUBLIC OF KENYA

TOURISM REGULATORY AUTHORITY

Form 1
Application for License/Renewal/the Variation of License to carry on the Regulated Tourism and Hospitality Activity or Service

I hereby apply for a License/Renewal/the Variation of License to carry on the regulated tourism and hospitality activity or service.

1. Name of Company/Person to be licensed (The Company’s or person’s name should be stated in full)……………………………………………………………………………………………………………………………

2. Physical address: Town……………… Street/Road……………L.R. No………………
   Name of building………………… Floor …………… Room………………
   Postal address: P.O. Box …………..Code……………….Town………………
   Telephone……………………….. Fax ……Email…………………………

3. Income Tax Personal Identification Number (PIN) …………………………………………………

4. Short description of the applicants licensable activity or service ………………………………………………………………………………………………………………..

5. Registration certificate: Certificate No. …………………...Date:…………………………

6. Name and address of the bank or financial institution where business account is maintained……………………………………………………………………………………………………………..

7. Full name(s) of proprietor(s) or managing director if a Limited Company
…………………………………………………………………………………………………………………………

8. Postal and residential address(es) of person(s) named in (7) above
…………………………………………………………………………………………………………………………

9. Personal details:
   (i) State whether any of the partners/directors/shareholders is an undischarged bankrupt. (If so, indicate the names)
   ……………………………………………………………………………………………………………………………
(ii) State whether any of the partners/directors/shareholders have a beneficial interest in any other business licensed to provide or operate tourism activities and services

(iii) Has any previous application by you been rejected under the Act? (If so, give details).

(iv) Has any previous license granted to you under the Act been revoked, cancelled or suspended? (If so, give details)

10. Age, country of birth, present nationality of persons named in (7) above

11. In the case of hotel and restaurants,
   (a) Total sales for the past calendar year:
   (b) Total number of beds
   (c) Tariff(s)

12. If this application is for the variation of an existing license, the details of the variation required, and the reasons

13. If a license has been held previously, the reasons for any material difference between the particulars given in the two applications

14. Declaration
   I/We hereby certify the information we have provided in this application is true and correct. I/We also understand that it is an offence under the Act and the Penal Code to give false information in support of any application.

Name………………Designation……………………………………

Date………………Signature…………………………………………

FOR OFFICIAL USE ONLY

The applicant MEETS/DOES NOT MEET the licensing requirements and is hereby RECOMMENDED/NOT RECOMMENDED for approval of licensing (with or without conditions) to undertake:

The reasons for not recommending the applicant are as follows:

Name………………………………Designation…………………………

Signature………………………………Date………………………………

Official Stamp