



Government of Goa
 Department of Tourism
 1st Floor, Paryatan Bhavan, Patto - Panaji
 Goa - 403001

APPLICATION FOR REGISTRATION OF NEW HOTEL OR GUEST HOUSE/RENEWAL OF EXISTING HOTEL OR GUEST HOUSE - FORM - II (See Rule 3)

To,
 The Prescribed Authority,

North Zone Office,
 1st Floor, Paryatan Bhavan, Patto -
 Panaji
 Goa - 403001

South Zone Office,
 Block No.43, Ground Floor,
 Mathany Saldanha Administrative
 Complex,
 Margao Goa - 403601



Sir,
 I/We request that I/We may be registered as Hotel / Guest House Keeper under the Goa Registration of Tourist Trade Act, 1982. The particulars of the Hotel are as under

New Registration Renewal In case of renewal, enter Certificate No

1 Operated By* Company Individual Nationality* (Company / Individual)

2 Details of the person / company with full address intending to operate or is already operating

NAME*

ADDRESS*

VILLAGE/TOWN*

TALUKA* PINCODE*

PAN CARD* AADHAAR
 (Incase of Individual)

MOBILE* OFFICE NO.*

EMAIL

APPLICANT PERMANENT RESIDENT OF GOA* YES NO

3 Name of the proprietors(in case of company, authorized signatories, in case partners name of all the partners)

| SR.NO | NAME* | MOBILE NO* | AADHAR NO | PANCARD NO |
|-------|-------|------------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |

4 Details of Hotel / Guest House

NAME OF THE HOTEL*

ADDRESS*

VILLAGE/TOWN*

TALUKA* PINCODE*

TELEPHONE NO* FAX

WEBSITE

5 Name of Manager*

MOBILE NO* OFFICE NO*

| For office use only | |
|---------------------|---|
| Inward ID: _____ | Form Processing <input type="checkbox"/> Data Entry <input type="checkbox"/> Doc Uploaded |
| Inward Date: _____ | Status <input type="checkbox"/> Application Verified |

| Other Document (Specify name and other details in the space provided below) | | | | | | | | | | | | | | |
|---|--|---------------|---|---|---|---|---|---|---|---|--|--|--|--|
| 1 | | Doc/NOC No: | | | | | | | | | | | | |
| | | Validity Date | D | D | M | M | Y | Y | Y | Y | | | | |
| | | Issue Date | D | D | M | M | Y | Y | Y | Y | | | | |
| 2 | | Doc/NOC No: | | | | | | | | | | | | |
| | | Validity Date | D | D | M | M | Y | Y | Y | Y | | | | |
| | | Issue Date | D | D | M | M | Y | Y | Y | Y | | | | |
| 3 | | Doc/NOC No: | | | | | | | | | | | | |
| | | Validity Date | D | D | M | M | Y | Y | Y | Y | | | | |
| | | Issue Date | D | D | M | M | Y | Y | Y | Y | | | | |
| 4 | | Doc/NOC No: | | | | | | | | | | | | |
| | | Validity Date | D | D | M | M | Y | Y | Y | Y | | | | |
| | | Issue Date | D | D | M | M | Y | Y | Y | Y | | | | |
| 5 | | Doc/NOC No: | | | | | | | | | | | | |
| | | Validity Date | D | D | M | M | Y | Y | Y | Y | | | | |
| | | Issue Date | D | D | M | M | Y | Y | Y | Y | | | | |

Note: **1 All documents should be self attested by the applicant.**

2 In case of multiple NOC/Certificate/Insurance please fill details in "**Other Document**" section as mentioned above.

3 In case of more than 5 other documents please provide details on additional blank page.