



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 <input type="checkbox"/>
Inward Date: _____	Status <input type="checkbox"/>	Application Verified <input type="checkbox"/>	

6 Area for operation of hotel

TALUKA*																														
PLACE*																														
7 Hotel Premises*	<input type="checkbox"/> OWNED	<input type="checkbox"/> ON LEASE	8 Having Restaurant*	<input type="checkbox"/> YES	<input type="checkbox"/> NO																									
9 No of Rooms*	<input type="text"/>		10 Total Bed Capacity*	<input type="text"/>																										
11 Having Sewage Treatment Plant*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	12 If Yes*	<input type="checkbox"/> WORKING	<input type="checkbox"/> NON WORKING																									
13 Whether operating within Coastal Regulation zone(CRZ)*	<input type="checkbox"/> YES	<input type="checkbox"/> NO																												

Declaration:-

I _____ hereby state that I have read and shall strictly abide by the “Terms and Conditions” governing the registration/renewal of Hotels/Guest House Keeper as stated in the Goa Registration of Tourist Trade Act 1982 and rules made thereunder, Goa Tourist Places (Protection and Maintenance Act 2001), direction issued by the Goa Coastal Zone Management Authority (GCZMA) including all amendments and all other orders relating to the Registration of Hotel/Guest House in Goa from time to time.

In case of default/violation or breach or non-compliance by me to any of the terms and conditions of the Acts/Rules/Policy or any violation as are prohibited under prevailing laws, will lead to immediate cancellation of the Registration/License/NOC and Fees/Security Deposit if paid would be forfeited to Government treasury and necessary action would be taken up against me by the department.

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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(Signature of the Applicant)_____

Enclosures:- Tick mark necessary documents enclosed with the application form

Document Type																															
<input type="checkbox"/> Copy of building plan as approved by the concerned Planning & Development Authority.*	Document No:																														
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Copy of licence/NOC of the Gram Panchayat/Municipal Council to run the hotel/lodging/paying guest accomodation*	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Copy of Trade Tax / House Tax Receipt(in original).*	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Valid NOC from Directorate of Fire and Emergency Services.*	N.O.C. No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Copy of tariff card(for the current financial year)*.																															
<input type="checkbox"/> Lease and licence agreement (if leased) OR Notarized copy of NOC from the owner of the premises.	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Ownership Document (in case premises is owned.)	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Valid NOC from the Goa Coastal Zone Management Authority (incase hotel is located in coastal area).	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> NOC from Goa State Pollution Control Board.*	N.O.C. No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						
<input type="checkbox"/> Licence from Director of Food and Drugs Administration (incase the hotel is having restaurant).	Document No:																														
	Validity Date:	D	D	M	M	Y	Y	Y	Y																						
	Issue Date:	D	D	M	M	Y	Y	Y	Y																						

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.