

FORM 'F'
[See rule 7]
APPLICATION FOR REGISTRATION OF A HOTEL

1. Name of the hotel: _____

2. (i) Year of establishment; _____
(ii) Date of commission; _____

3. (i) Address; _____
(ii) Telegraphic address; _____
(iii) Telex number; _____
(iv) Telephone numbers. _____

4. Location: _____
(i) District: _____
(ii) City/Town: _____
(iii) Street: _____

5. Nature of ownership:
(Please state whether sole proprietorship, firms, cooperative, limited company, etc.).

6. Name of owner with parentage: _____

7. (i) full address of owner: _____
(ii) Telegraphic address of owner; and _____
(iii) Telephone number, if any. _____

8. Name of manager with parentage: _____
(i) Address; _____
(ii) Telephone number, if any: _____

9. Land: _____
(i) Area of hotel; _____
(ii) Covered area; _____
(iii) Whether held proprietorship or on lease or mortgage. _____

10. Costs: _____
(i) Cost of land; _____
(ii) Cost of building; _____
(iii) Cost of furniture and fixtures; _____
(iv) Cost of equipment; _____
(v) Annual lease or mortgage money, if any; _____
(vi) Working capital; and _____
(vii) Total investment: _____

11. Building:

- i. Number of floors; _____
- ii. Number of rooms on each floor; _____
- iii. Number of staircases and lifts; _____
- iv. Car park (please indicate capacity); _____
- v. Area of compound and gardens, if any; _____ and
- vi. Date of completion of construction; (please also mention last date of renovation, if any): _____

N.B. Please attach a plan of the building.

Nature of rooms	With attached bath	Without attached bath
Single bed:	_____	_____
Double bed:	_____	_____
Suites:	_____	_____
Total =	_____	_____

11. Public Rooms:

- (a) Please give details e.g. visitor’s room, reception hall, cloak room, reading room, restaurant, etc., with the area of each room; _____
- (b) Common bath rooms (indicate floor numbers); _____
- (c) Common toilets (indicate floor and numbers); and _____

12. Furniture and Fixtures: (including floor covering, if any, provided in-

- (i) A bedroom; _____
- (ii) Common rooms; _____
- (iii) Corridors, galleries etc. _____
- (iv) Bathrooms attached with bedrooms; _____ and
- (v) Common bathrooms and toilets. _____

13. Facilities Available on the Hotel Premises: (please give details e.g. telephones whether provided in the rooms or on each floor and lobby, banking counter, reception, postal counter, running hot and cold water, heating or air-conditioning, restaurant, coffee shop, bar, cold storage, locks, entertainment, etc.) _____

14. Types of cuisine served, whether a restaurant is attached with the hotel: _____

15. Class of Majority of Guests: (please indicate whether monthly foreigners or Pakistanis and also mention the peak season of business): _____

16. Employees:-

Category Total number professionally trained _____

Not professionally trained but experienced Apprentices English knowing _____

Manager... _____

Front office staff... _____

Information/ Reception desk staff... _____

Billing desk staff... _____

Stewards... _____

Housekeeping staff... _____

Cooks... _____

Room bearers... _____

Restaurant bearers... _____

Others... _____

17. Classification Desired: _____

18. Rates charged: (please give full details of room rents, services charges, taxes and rates for breakfast, meals etc.) – _____

(i) Immediately before 2018, and; _____

(ii) Present (with date from which prescribed). _____

Place..... Signature of applicant.....

Date..... Designation of applicant.....

FORM 'G'
[See rule 7]
APPLICATION FOR REGISTRATION OF A RESTAURANT

1. Name of the restaurant. _____
2. (i) Year of establishment; _____
(ii) Exact date of commission. _____
3. (i) Address. _____
(ii) Telegraphic address. _____
(iii) Telex number; _____
(iv) Telephone numbers, if any. _____
4. Location: _____
(a) District: _____
(b) City/Town: _____
(c) Street: _____
5. Nature of ownership (Please state whether sole proprietorship, firms, cooperative, limited company, etc.).

6. Name of owner with parentage. _____
7. (i) Full address of owner; _____
(ii) Telegraphic address of owner; and _____
(iii) Telephone number, if any. _____
8. Name of manager with parentage. _____
(i) Address; _____
(ii) Telephone number, if any. _____
9. Size: _____
(i) Total Area; _____
(ii) Area of the kitchen; _____
(iii) Area of the pantry; and _____
(iv) Area and seating capacity of the dining hall. _____
10. Costs: _____
(i) Cost of furniture and fixtures; _____
(ii) Cost of equipment; _____
(iii) Annual rent; _____
(iv) Working capital; and _____
(v) Total investment _____

11. Furniture and fixtures (please give details separately for the dining hall and the kitchen).

12. Facilities available on the premises: _____

- (i) Reception/bill counter; _____
- (ii) Telephone; _____
- (iii) Air-conditioning (or cooling and heating according to local conditions and weather); _____
- (iv) Cloak room; _____
- (v) Toilet; _____
- (vi) Car park (please indicate capacity); and _____
- (vii) Entertainment. _____

13. Types of cuisine offered. _____

14. Class of majority of guests (please indicate whether monthly foreigners or Pakistanis) _____

15. Employees:-

Category Total number _____

Professionally trained _____

Not professionally trained but experienced Apprentices English knowing _____

Manager... _____

Reception... _____

Billing ... _____

Cooks... _____

Bearer... _____

Others... _____

16. Rates charged:

(i) Immediately before 2014; _____

(ii) Present (with date from which prescribed). _____

Place..... Signature of applicant.....

Date..... Name of the applicant.....

Designation of applicant.....

FORM 'I'
{See rule 7}
**CERTIFICATE OF MEDICAL FITNESS FOR EACH MEMBER OF THE STAFF OF A
HOTEL AND RESTAURANT**

Dated

MEDICAL FITNESS CERTIFICATE

I hereby certify that I have fully examined Mr./ Mrs./Miss:

.....

(Name of person) _____
An employee/ apprentice or candidate for employment in _____
_____ hotel/ restaurant as _____
and am satisfied that he/she has _____

(category)
Not disease contagious or otherwise, constitutional weakness or infirmity of mind or
body expect

I do not consider this a disqualification for the job performed by him/her _____
He/she is not suffering from any communicable disease. _____

Signature of [Medical Practitioner Registration No

Name

Official seal: _____ Signature of Person examined. _____