REP Office Hotel

REPUBLIC OF THE PHILIPPINE

Office of Tourism Standards and Regulation

APPLICATION FORM

Hotels, Resorts, Apartment Hotels

Please print legibly all information required. Do not abbreviate the

<u> </u>		
	TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY	
HE PHILIPPINES		
dards and Regulation	APPLICATION NUMBER	
ION FORM	Application for:	
Apartment Hotels	Regular Accreditation	
Apartment Hotel	Star Rating Accreditation	
abbreviate the		

	"/" marks in appropriate boxe. A" if not applicable.	s and indicate			PROCESSED BY		
ACCOUNT IDENTIFIER DETAILS							
OFFICIAL EMAIL ADDRESS:							
TIN:							
NOTE:							
	s you provided is ACTIVE and V. I be permanently associated to yo ifications and official communica	our company. Please r	efrain fr	om using your p	personal email address as		
ESTABLISHMENT DETAI	16						
ESTABLISHMENT NAME:	Lo						
BUSINESS ADDRESS:							
BUSINESS WEBSITE:							
CONTACT NUMBERS:							
EMAIL ADDRESS:							
DATE ESTABLISHED:					<u> </u>		
MANAGEMENT DETAILS							
OWNERSHIP INFORMAT							
OWNERS'/CORPORATION N							
ADDRESS:							
NATIONALITY (if applicable):							
MANAGING COMPANY I	NEODMATION (if applied	abla):					
COMPANY NAME:	NFORMATION (II applica	able).					
ADDRESS:							
ADDITEOU.							
TYPE OF ORGANIZATION	PERMITS						
Single Proprietorship	Mayor's/Business Permit		-		-		
Partnership		Permit No.	\	/alid Until			
Corporation	DTI Permit	Permit No.	,	/alid Until			
Cooperative	SEC/CDA Registration	Femili No.	,	/alid Offili			
		Permit No.	'	/alid Until			
GENERAL MANAGER							
GENARAL MANAGER'S NAM	lE: 						
CONTACT NO.							
EMAIL ADDRESS:							
NATIONALITY:							

	STOCKHOLDER'S NAME	POSITION	NATIONALITY	AMOUNT SUBSCRIBED	AMOUNT PAID UP
1					
3					
4					
5					
6					
7					
8					
10					
10			l		
SPI	ECIFIC DETAILS				
Tota	al Number of Rooms				
	Type of	Room	Number		
1	PWD Room				
3					
4					
	al No of Conference Ro	oms			
	Name of F	untion Room	Capacity		
1					
2					
3					
4					
AU [*]	THORIZED REPRESE	NTATIVE (to transact b	usiness with DOT)		
REF	PRESENTATIVE'S FULL N	IAME:			
DES	SIGNATION:				
COI	NTACT NUMBERS:				
EMA	AIL ADDRESS:				
not esta I ce	been convicted of any of ablishment listed in the	Chief Executive Officer criminal offense involving attached sheet are of go oregoing data and dour	g moral turpitude and ood moral character a	d that all the official and without crimina	ıl record.
	UNIE.			Signature	over printed name
				Ŭ	·
					Position
SUI	BSCRIBED AND SWOF	RN to before me on this			
afte	er exhibiting Residence	Certificate No		issued at	on
Dod Pag Bod	c No. ge No. ok No. ies of				

CAPITALIZATION

DOCUMENTARY REQUI	REMENTS			
	Submitted Documents		 Evalı	uator's Remarks
Valid Mayor's Permit/E				
Accreditation, minimum of Accreditation, minimum of National Certification for Front Office, Food & B	ral Liability Insurance Policoverage of P500,000.00 and of coverage of P1,000,000.00 for Key Employees (e.g. HBeverage, etc.)	d Premium 0) Housekeeping,		
Other documents				
REMARKS				
FOR DOT USE ONLY				
APPLICATION NO.	DATE & TIME RECEIVED	RECEIVED BY	ENCODED BY	REMARKS
Applicants Acknowledgem	nent/Receiving Copy			WSIA DEPARTMENT OF TOTAL PROPERTY.
APPLICATION DETAILS	J			T STATE TO
NAME OF ESTABLISHMENT	Γ:			DEPARTAL OURSEN
APPLICATION ID:		DATE & TIME RECEIVED:		- AMILIPPINES
DOCUMENTARY REQUI	DEMENTS	_		- CIPAN
Valid Mayor's Permit/E	Submitted Documents Business License		Evalu	uator's Remarks
Accreditation, minimum c	ral Liability Insurance Policoverage of P500,000.00 and of coverage of P1,000,000.00	d Premium		
	or Key Employees (e.g. H			
	nd/or Awards from Reputa	able Institutions		
Other documents				
REMARKS				
Namput to				
RECEIVED & EVALUATE	ED BY:			
Name & Signature of	f Accreditation Officer	_	Designation &	Unit Assignment

	Application No.	
Name of Establishment:		

Employee Count

	MANAGERIAL			RANK AND FILE				CUD	
Department	LOCAL		EXPAT		LOCAL		EXPAT		SUB TOTAL
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
Maintenance and Engineering									0
Food and Beverage									0
Housekeeping									0
Front Office									0
Sales and Marketing									0
Administrative Department									0
Drivers									0
Others									0
TOTAL	0	0	0	0	0	0	0	0	0

Employee List

	nployee List LAST NAME	FIRST NAME	М.І.	DESIGNATION	NATIONALITY	ISSUE ID?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

(Continue on separate sheet if necessary)

Service Vehicle (If Applicable)

VEHICLE TYPE	BRAND/MAKE	YEAR MODEL	PLATE NO.	ENGINE NO. & CHASIS NO.	NO. OF SEATS
1					
2					

⁻ nothing follows -