

REPUBLIC OF THE PHILIPPINES

Office of Tourism Standards and Regulation APPLICATION FORM

Spa

	TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY
6	
n	APPLICATION NUMBER
	Application for
	New Application
	Renewal
	PROCESSED BY

ACCOUNT IDENTIFIER DETAILS OFFICIAL EMAIL ADDRESS: TIN: NOTE: Make sure that the email address you provided is ACTIVE and VALID. For ESTABLISHMENTS, ensure that this is a corporate email address or an email address that will be permanently associated to your company. Please refrain from using your personal email address as notifications and official communications will be forwarded to your registered amail. ESTABLISHMENT DETAILS NAME OF SPA: BUSINESS ADDRESS: BUSINESS ADDRESS: BUSINESS WEBSITE: CONTACT NUMBERS: EMAIL ADDRESS: DATE ESTABLISHED: MANAGEMENT DETAILS OWNERSHIP INFORMATION: OWNERSHIP INFORMATION NAME: ADDRESS: NATIONALITY (if applicable): MANAGING COMPANY INFORMATION (if applicable): COMPANY NAME: ADDRESS: TYPE OF ORGANIZATION PERMITS Single Proprietorship Partnership Copporation Permit No. Valid Until GENERAL MANAGER GENARAL MANAGER GENARAL MANAGERS NAME: CONTACT NO. EMAIL ADDRESS: MATIONALITY MANAGEMENT DETAILS OFFICIAL MANAGERS NAME: CONTACT NO. EMAIL ADDRESS:	Please print legibly all informations and supplied. Place "/" marks in	tion required. Do not abbreviat a appropriate boxes and indicat applicable.	-		PROCESSED BY
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	NATIONALITY:				

CAI	PITALIZATION						
	STOCKHOLDER'S NAME	POSITION	NATIONALITY	AMOUNT SUBSCRIBED	AMOUNT PAID UP		
1				33333. 11.22			
2							
3							
4							
5							
6							
7							
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9							
10				<u> </u>			
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	al Patients in a Year:						
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	vices Offered Body Massage	Skin and	Facial Treatments				
	Body Scrub and Wraps	_	ath/Sauna				
·	Hand and Foot Treatments	<u> </u>					
Ш	riand and root freatments	Other Se	ervices, Please specify:				
AU ⁻	THORIZED REPRESEN	ITATIVE (to transact bu	siness with DOT)				
REF	PRESENTATIVE'S FULL N	AME:					
DES	SIGNATION:						
CON	NTACT NUMBERS:	_	_	_	-		
EM/	AIL ADDRESS:						
As t	the General Manager/C	hief Executive Officer/6	Owner of the above-	named establishme	ent, I certify that I have		
		riminal offense involving					
esia	adiishment iisted in the a	attached sheet are of goo	od morai character ar	nd without criminal	record.		
I ce	rtify further that all the fo	pregoing data and doume	ents supporting this	application are true	and correct.		
DATE:							
Signature over printed name							
					Position		
SUE	BSCRIBED AND SWOR	RN to before me on this _ Certificate No		day of	,		
	r exhibiting Residence (_ issued at	on		
Doo	e No ge No						
. 49	Je Na						
Boo	k No						

DOCUMENTARY REQUIREMENTS	
	Eurlande Bernade
Submitted Documents Valid Mayor's Permit/Business License	Evaluator's Remarks
DTI Business Name Certificate (for Sole Proprietor) or SEC	
Registration Certificate and Articles of Incorporation and its By Laws (for Partnerships & Corporations) or Articles of	-
Cooperation and Its By-Laws (for Cooperatives)	
Valid DOH License as duly registered massage therapist for	
massage supervisors Other Documents	
REMARKS	
FOR DOT USE ONLY APPLICATION NO. DATE& TIME RECEIVED RECEIVED BY	ENCODED BY REMARKS
DATES TIME RECEIVED INC.	LNCODED BT INCINANCE
Applicants Asknowledgement/Descriping Copy	
Applicants Acknowledgement/Receiving Copy APPLICATION DETAILS	STATE NT OF TO
NAME OF ESTABLISHMENT:	Meral
APPLICATION ID: DATE & TIM	± */
RECEIVED	QHITIPPINE,
DOCUMENTARY REQUIREMENTS	Embertada Barrada
Submitted Documents Valid Mayor's Permit/Business License	Evaluator's Remarks
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DTI Business Name Certificate (for Sole Proprietor) or SEC	
Registration Certificate and Articles of Incorporation and its By Laws (for Partnerships & Corporations) or Articles of	-
Cooperation and Its By-Laws (for Cooperatives)	
Valid DOH License as duly registered massage therapist for	
massage supervisors Other Documents	
REMARKS	
RECEIVED & EVALUATED BY:	
Nama & Signatura of Accreditation Office	Designation & Unit Assistant
Name & Signature of Accreditation Officer	Designation & Unit Assignment

	Application No.	
Name of Establishment:		

Employee Count

	MANAGERIAL			RANK AND FILE					
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

Employee List LAST NAME	FIRST NAME	M.I.	DESIGNATION	NATIONALITY	ISSUE ID?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(Continue on separate sheet if necessary)