



REPUBLIC OF THE PHILIPPINES
Office of Tourism Standards and Regulation
APPLICATION FORM
Tourism Related Enterprises

Please print legibly all information required. Do not abbreviate the information supplied. Place "/" marks in appropriate boxes and indicate "N/A" if not applicable.

TO BE FILLED OUT BY DOT AUTHORIZED PERSONNEL ONLY

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 email.

ESTABLISHMENT DETAILS

NAME OF ESTABLISHMENT:

BUSINESS ADDRESS:

BUSINESS WEBSITE:

CONTACT NUMBERS:

EMAIL ADDRESS:

DATE ESTABLISHED:

MANAGEMENT DETAILS

OWNERSHIP INFORMATION :

OWNERS'/CORPORATION NAME:

ADDRESS:

NATIONALITY (if applicable):

MANAGING COMPANY INFORMATION (if applicable):

COMPANY NAME:

ADDRESS:

| TYPE OF ORGANIZATION | PERMITS | | | |
|--|--|------------|-------------|--|
| <input type="checkbox"/> Single Proprietorship | <input type="checkbox"/> Mayor's/Business Permit | Permit No. | Valid Until | |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> DTI Permit | Permit No. | Valid Until | |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> SEC/CDA Registration | Permit No. | Valid Until | |
| <input type="checkbox"/> Cooperative | | | | |

GENERAL MANAGER

GENARAL MANAGER'S NAME:

CONTACT NO.

EMAIL ADDRESS:

NATIONALITY:

CAPITALIZATION

| | STOCKHOLDER'S NAME | POSITION | NATIONALITY | AMOUNT SUBSCRIBED | AMOUNT PAID UP |
|----|-----------------------|----------|-------------|----------------------|----------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

SPECIFIC DETAILS

TYPE OF BUSINESS:

- ☐ Restaurants
- ☐ Target Shooting Range
- ☐ Tourist Shop
- ☐ Zoo
- ☐ Tourism Recreation Center
- ☐ Agri Tourism/Farm Site
- ☐ Gallery/Museum
- ☐ Tourism Entertainment Complex
- ☐ Rest Area

AUTHORIZED REPRESENTATIVE (to transact business with DOT)

REPRESENTATIVE'S FULL NAME: _____

DESIGNATION: _____

CONTACT NUMBERS: _____

EMAIL ADDRESS: _____

As the General Manager/Chief Executive Officer/Owner of the above-named establishment, I certify that I have not been convicted of any criminal offense involving moral turpitude and that all the officials and employees of the establishment listed in the attached sheet are of good moral character and without criminal record.

I certify further that all the foregoing data and documents supporting this application are true and correct.

DATE: _____

Signature over printed name

Position

SUBSCRIBED AND SWORN to before me on this _____ day of _____, after exhibiting Residence Certificate No. _____ issued at _____ on _____.

Doc No. _____

Page No. _____

Book No. _____

Series of _____

DOCUMENTARY REQUIREMENTS

| Submitted Documents | Evaluator's Remarks |
|--|---------------------|
| <input type="checkbox"/> Valid Mayor's Permit/Business License | |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Other Documents | |

REMARKS

FOR DOT USE ONLY

| | | | | |
|-----------------|---------------------|-------------|------------|---------|
| APPLICATION NO. | DATE& TIME RECEIVED | RECEIVED BY | ENCODED BY | REMARKS |
| | | | | |

Applicants Acknowledgement/Receiving Copy

APPLICATION DETAILS

| | |
|------------------------|----------------------|
| NAME OF ESTABLISHMENT: | |
| APPLICATION ID: | DATE & TIME RECEIVED |
| | |



DOCUMENTARY REQUIREMENTS

| Submitted Documents | Evaluator's Remarks |
|--|---------------------|
| <input type="checkbox"/> Valid Mayor's Permit/Business License | |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> Other Documents | |

REMARKS

RECEIVED & EVALUATED BY:

Name & Signature of Accreditation Officer

Designation & Unit Assignment

Application No.

Name of Establishment: _____

Employee Count

| Department | MANAGERIAL | | | | RANK AND FILE | | | | SUB TOTAL |
|-----------------------------|------------|--------|-------|--------|---------------|--------|-------|--------|--------------|
| | LOCAL | | EXPAT | | LOCAL | | EXPAT | | |
| | 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

| | 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)