

**APPLICATION FOR INCENTIVES
UNDER THE FISCAL INCENTIVES (MISCELLANEOUS PROVISIONS) ACT, 2013
TOURISM ACCOMMODATION
(EXISTING WITH JTB LICENSE)**

(To be filled out in triplicate)

Date of Application.....

TYPE OF ACCOMMODATION	PURPOSE OF INCENTIVES
<input type="checkbox"/> Hotel <input type="checkbox"/> Resort Cottage <input type="checkbox"/> Guest House <input type="checkbox"/> Apartment <input type="checkbox"/> Villa	<input type="checkbox"/> Refurbishment <input type="checkbox"/> Alteration/Expansion to existing structure <input type="checkbox"/> Other _____

The following supporting documentation is required in order for the application to be processed:

- Tax Compliance Certificate (*A requirement for all importing entities*)
- Copy of JTB Licence

Name of Property.....

Location.....

Name of Owner

Company No. / Business Registration No. and Date of Registration.....

Owner's TRN#..... TCC# & expiry date.....

Name of Operator (if different from owner).....

Address of Operator

Operator TRN#..... TCC# & expiry date.....

Tel:..... Fax:..... e-mail.....

Contact Person.....

Position Held.....

Address.....

Tel#:..... Fax#:..... e-mail.....

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MINISTRY OF TOURISM AND ENTERTAINMENT	
RECOMMENDED: <input type="checkbox"/>	NOT RECOMMENDED: <input type="checkbox"/>
DATE APPLICATION SUBMITTED: _____	DATE RECOMMENDED: _____
SIGNED BY (Review Officer) _____	

CONFIDENTIAL

GENERAL INFORMATION ABOUT ESTABLISHMENT

1. Name of establishment _____
2. If name of existing establishment has been changed or will be changed as a result of extension and/or alteration, state new name.
3. Number of rooms (whether single or double), including measurements and general description of décor, furnishings, etc. – **new facility**.
4. Number of rooms (whether single or double), and general description of décor, furnishings, etc. of **existing facility**.
5. Details and capacities of facilities now offered, (dining, bar, entertainment etc.)
6. Details and capacities of planned extensions and/or alteration of existing facilities which are the subject of this application.
7. Type of accommodation to be offered (American Plan, Modified American Plan, Continental Plan, European Plan, All-Inclusive).
8. Date of commencement of construction of expansion and/or alteration.
9. Date hotel is expected to commence operations of alteration and/or expansion.

**ASSESSMENT OF THE ECONOMIC EFFECTS
(INCLUDING EFFECTS ON THE TOURIST TRADE)**

10. Ownership Structure

Country of origin.....

Joint Venture? (please tick) ----Yes -----No

Local(%).....Foreign(%).....

11. TOTAL CAPITAL INVESTMENT: J\$ _____

SOURCES OF CAPITAL (Enclose Copy of letter confirming funding source:

A. Share capital: J\$ _____

B. Loan capital: J\$ _____

C. Other (Specify): J\$ _____

13. DURING CONSTRUCTION

A. Employment:

(I) Number of workers

	<u>Local</u>		<u>Foreign</u>	
	M	F	M	F
Permanent	_____	_____	_____	_____
Temporary	_____	_____	_____	_____
Total	=====	=====	=====	=====

(II) Salaries and wages J\$ _____

B. Estimated expenditure locally on raw materials
And equipment J\$ _____

C. Other estimated expenditure locally J\$ _____

14. DURING OPERATION (ANNUAL)

A. Employment:

(I) Number of staff

	<u>Local</u>		<u>Foreign</u>	
	M	F	M	F
Permanent	_____	_____	_____	_____
Temporary	_____	_____	_____	_____
Total	=====	=====	=====	=====

Name and Signature of Applicant

Status of Applicant relative to project

Date

Place Company Stamp or Seal

