



CITY TOURISM OPERATIONS OFFICE

DOOR # 8, MAGSAYSAY PARK COMPLEX, DAVAO CITY
TELEPHONE NOS. 222-1956 to 57



APPLICATION FOR REGISTRATION

(Please tick appropriate box. Use one application form per classification.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Travel/ Tour Agency | <input type="checkbox"/> Boutique/Souvenir/Gift shop |
| <input type="checkbox"/> Resort | <input type="checkbox"/> Ticketing Office | <input type="checkbox"/> Tourist Transport Operator |
| <input type="checkbox"/> Prof. Congress Organizer | <input type="checkbox"/> Spa/ Wellness Center | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Accommodation | | <input type="checkbox"/> Tourism Related Establishment |
| Classification: _____ | | Pls. Specify: _____ |

**The Honorable Mayor
City of Davao**

MADAM:

Persuant to the provision of E.O. 120 P.D. 1463 and the rules governing the operation of my business, I hereby apply for a license to operate the same.

The following are the facts related to my business and the capacity to engage in such;

Establishment:

Business Name: _____
(name which appears in your signage)

Address: _____

Tel. No. _____

Website: _____

E-Mail: _____

Type of Organization: _____ (S) Single Proprietorship
_____ (P) Partnership
_____ (C) Corporation

Date Established: _____ (Mo/Day/Yr)

Name of Owner: _____

Address: _____

Name of Gen. Manager: _____

Nationality: _____

No. of employees:	Total No.	Foreign National	Local
		Male Female	Male Female
Managerial:	_____	_____	_____
Rank & File:	_____	_____	_____

Capitalization	Currency Code	Amount
Single Prop. ---	Php	_____
Partnership ---	Php	_____
Corporation ---	Php	_____
Authorized: ---	Php	_____
Paid-up: ---	Php	_____
Gross Income: ---	Php	_____
Net Income ---	Php	_____
Total Assets ---	Php	_____

For HOTELS, INNS, APARTELES, LODGING HOUSES applicants only:

Facilities/ amenities;

- | | |
|---|--|
| <input type="checkbox"/> Coffee Shop/ Restaurant-----capacity:_____ | <input type="checkbox"/> Shopping Arcade |
| <input type="checkbox"/> Convention Banquet-----capacity:_____ | <input type="checkbox"/> Tennis/ Golf/ Pelota |
| <input type="checkbox"/> Parking Space-----capacity:_____ | <input type="checkbox"/> Bar/ Cocktail Lounge |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Airport/ Shuttle Transfer |
| <input type="checkbox"/> Telex/ Cable | <input type="checkbox"/> Hot & Cold Shower |
| <input type="checkbox"/> Sauna/ Massage | <input type="checkbox"/> Foreign Exchange Counter |
| <input type="checkbox"/> Medical/ Dental Clinic | <input type="checkbox"/> Casino |
| <input type="checkbox"/> Beauty Shop/ Barber Shop | <input type="checkbox"/> Fitness Gym |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Laundry/ Valet |
| <input type="checkbox"/> Travel/ Tour Agency | <input type="checkbox"/> Fishing Area |
| <input type="checkbox"/> Colored TV, Piped-in Music | <input type="checkbox"/> Smoke Free |
| <input type="checkbox"/> In-Room Movies | <input type="checkbox"/> Designated Outdoor Smoking Area |

Number of Rooms: _____ Number of Lodgers/ Beds: _____

Other Facilities/ Amenities: _____

For RESORT applicants only:

Facilities/ Amenities

- | | |
|--|--|
| <input type="checkbox"/> Conference/ Convention Hall---capacity_____ | <input type="checkbox"/> Picnic Huts |
| <input type="checkbox"/> Parking Space-----capacity_____ | <input type="checkbox"/> Snorkelling/ Diving |
| <input type="checkbox"/> Coffee Shop/ Restaurant-----capacity_____ | <input type="checkbox"/> Golf Course |
| <input type="checkbox"/> Foreign Exchange Counter | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Cottages-----Total No.____ | <input type="checkbox"/> Beauty/ Barber Shop |
| <input type="checkbox"/> Pelota | <input type="checkbox"/> Basketball Court |
| <input type="checkbox"/> Sauna/ Massage Parlor | <input type="checkbox"/> Medical/ Dental Clinic |
| <input type="checkbox"/> Smoke Free | <input type="checkbox"/> Designated Outdoor Smoking Area |

Other Facilities/ Amenities: _____

For TOURIST TRANSPORT OPERATOR applicant only:

Vehicle type	Number of Units	Average Number of Seats Per Unit	Total Number of Seats
Bus			
Coaster			
Van			
SUV/AUV			
Car/ Sedan			
Others			
Total			

Use separate sheet if necessary.

I certify that I have not been convicted of any criminal offense involving moral turpitude and that all officials and employees of the establishment are of good moral character and without criminal record.

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

License No.: _____

Date Issued: _____

Name & Signature
Owner/ Manager

Date Accomplished

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____ after Exhibiting
Residence Certificate No. _____ issued at _____ on _____ day of
_____, 20_____.

Doc. No. _____

Page No. _____

Book No. _____

Series of 20 _____