ACCOUNT MODIFICATION REQUEST FORM

Date Submitted: (dd/mm/yy) ______________________

To: Registrar of Hotels and Tourist Accommodation. I / We hereby submit a modification request to update the information registered for my/our Accommodation License issued to operate under the Hotels and Tourist Accommodation Act, Chapter 285 of the Substantive Laws of Belize – Revised Edition 2011.

Section 10 - Where any change occurs in any matter or thing relating to a hotel or tourist accommodation which necessitates any amendment of the particulars in the registration entry relating to such hotel or tourist accommodation, the registered proprietor shall forthwith give notice of such changes in writing to the Registrar and if such changes affect the license, shall return the license to the Registrar to enable him to make the necessary amendment in the register and the license.

Please complete all required information in PRINT. Mark an X for fields requesting update. Documentations are required for the changes made.

1. Type of Modification Request: (circle option) General Info | Contact Info | Temp Closure | Deregistration

2. General Information: (Mandatory Section: Fill all fields)

- License # ___________________________ Licensed Year ____________ Control ID # ___________________________
- [ ] a) Name of Hotel or Tourist Accommodation ____________________________________________
- [ ] b) Location of Property: Street Address _______________________________ District ____________
- [ ] c) Type or Category of Accommodation ______________________________________________
- [ ] d) Total Registered Rooms or Units ____________ Number of New Units Requested ____________

New Rooms Inspected: Yes | No Total New Registered Rooms or Units ____________________________

3. Contact Information: (Section required if selected modification type)

- [ ] a) Mailing Address: PO Box ______________________ Street Address ___________________ District ____________
- [ ] b) Accommodation Office No. __________________ Mobile No. ____________________________
- [ ] c) Accommodation Website __________________ Email ________________________________
- [ ] d) Name of the appointed Manager or Management Entity ____________________________
- [ ] e) Management Phone No. __________________ Email ________________________________
- [ ] f) Name of Owner / Ownership Company ______________________________________________

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<tr>
<th>Names of Proprietor(s) or Shareholders</th>
<th>% of the Share(s)</th>
<th>Nationality of the Proprietors or Shareholders</th>
<th>Country of Residence</th>
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- [ ] g) Owner(s) Phone No. __________________ Email ________________________________

4. Temporary Closure: (Section required if selected modification type)

- [ ] a) Date to commence Temporary Closure: (dd/mm/yy) ________________________________
- [ ] b) Date of reopening: (dd/mm/yy) ________________________________________________
- [ ] c) Reason for Temporary Closure ________________________________________________

(Note: Filing a monthly nil return report will still be required)
5. Deregistration: (Section required if selected modification type)
   a) Commencement date of Deregistration: (dd/mm/yy) ________________________________
   b) Reason for Deregistration:
      ☐ Personal Reason(s) ____________________________________________________________
      ☐ Sale of Property: New Owner Name _____________________________________________
         New Owner Contact No. ______________________ Email: _________________________
      ☐ Business Not Profitable
      ☐ Insolvency
      ☐ Other: _________________________________________________________________

     Official Use: Involuntary Reason:
      ☐ Non-compliance with taxes: QA comments____________________________________
      ☐ Non-compliance with standards: Audit comments_____________________________

   c) Do you have any outstanding taxes and fees? Yes | No
      If yes, specify outstanding: Taxes ________ Penalties ________ Other ________
      Specify outstanding period(s) __________ Year ______________
      Comments: ____________________________
      (Note: A closing audit by BTB is required for verification and the original license must be returned to BTB)

6. Other Comments: ____________________________________________________________________

Declaration  (An Authorization letter is required if a third party submits form)

I / We declare that the above given information is true and correct to the best of my/our knowledge.

Owner/Proprietor: Print Name ___________________ Signature ______________ Date ____________

Manager: Print Name________________________ Signature ______________ Date ____________

Business Stamp / Corporate or Company Seal:

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<tr>
<th>For Official Use Only</th>
<th>OK (✓)</th>
<th>Date (dd/mm/yy)</th>
<th>Print Name</th>
<th>Signature</th>
<th>Comments/Actions</th>
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* Deregistration Required steps

Note: When completed, kindly submit this form to both Licensing at hotels@belizetourismboard.org and Taxes at taxes@belizetourismboard.org.