



P.O. BOX 325, 64 Regent Street, Belize City, Belize, C.A.

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 _____

Names of Proprietor(s) or Shareholders	% of the Share(s)	Nationality of the Proprietors or Shareholders	Country of Residence
1.			
2.			
3.			

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)

