



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.

SECTION 1 - Type of Modification Request (Choose Option)

Contact Information Manager or Management Company Room or Units Closure

SECTION 2 - General Information (Mandatory Section/Fill all fields)

Name of Hotel or Tourist Accommodation: _____

License No.: _____ Physical Address of the Property: _____

District Area: _____ Name of Owner/Ownership Company: _____

SECTION 3 - Contact Information (Section required if selected modification type)

Accommodation Contact Number: Phone 1: _____ Phone 2: _____

Email: _____ Finance Email: _____

SECTION 4 - Manager or Management Company: (Section required if selected modification type.

**Only the owner/s is authorized to make a modification request under this section.)*

Name of the appointed Manager or Management Entity: _____

Management Phone No.: _____ Email: _____





SECTION 5 - Rooms or Units

Sold by Rooms: (Section required if selected modification type)

Total Registered Rooms: _____ Total New Registered Rooms: _____

Sold by Units: (Section required if selected modification type)

Total Registered Units: _____ Total Registered Bedrooms in Units: _____

Total New Registered Units: _____ Total New Bedrooms in Units: _____

SECTION 6 - Closure (Section required if selected modification type. **Only the owner/s is authorized to make a modification request under this section.*)

Date to commence closure: _____
(DD/MM/YY)

Reason for Closure:

Personal Reason(s): _____

Sale of Property - New Owner's Name: _____

New Owner's Contact No.: _____ Email: _____

Other: _____

(Please note that a BTB Tax Clearance is required, filings must be up to date and all arrears cleared/settled before the closure can be processed, and the original license must be returned to the BTB.)

SECTION 7 - DECLARATION

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

Owner/Proprietor Name:

Print Name:

Signature:

Date:

Manager:

Print Name:

Signature:

Date:





FOR OFFICIAL USE ONLY

	For Official Use Only	Date <small>DD / MM /YYYY</small>	Signature	Comments Actions
	Application Received			
	Vetted by Compliance Officer			
	New Rooms or Unit Inspection Clearance			
	Tax Clearance			
	Compliance Controller Review and Approval			
	Registrar Approval			

Additional Requirements for increase No. of Rooms or Units:

- A license fee of \$10.00 per bedroom is required. (if applicable)
- Supporting Documentation Required. (if applicable)

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

