



TOURISM LAW
(1995 Revision, Section 8 ())
*Application For A licence To Operate
Tourist Accommodation*



To The Hotels Licensing Board - Through The Director of Tourism

I Hereby Apply For A Licence Under The Above Law For The Property Referred To Below:	
Name of Property: CAYMAN PARADISE APARTMENT #10, 12, 14 & 20 <i>(Property must have a valid name)</i>	
Name of Owner: JOHN DOE	Owner's Telephone: 555-123-1234
Owner's E-Mail: johndoe@outlook.com	Owner's Mailing Address: PO BOX 12, Grand Cayman KY1-1234
Name of Operator: Cayman Paradise Management	Operator's Telephone: 345-949-7900
Operator's E-mail: info@caymanparadise.com	Operator's Mailing Address: PO BOX 456, CAYMAN KY1-1234
Name of Local Manager (If different from Operator): BOB DOE	
Local Manager's E-mail: BOBDOE@CAYMANPARADISE.COM	Licence No: A-012
Local Mailing Address: PO BOX 456, GRAND CAYMAN KY1-1234	
Local Manager's Telephone: 345-993-0123	Fax: 345-949-7900
Location	
Block & Parcel #: 01A, 234	
Building #: 1	
Street Name, District: ABC Street, North Side, Grand Cayman	
Preferred Online Booking Channel <i>(Check all that apply):</i>	
<input checked="" type="checkbox"/> (A) Airbnb <input checked="" type="checkbox"/> (B) VRBO <input checked="" type="checkbox"/> (C) HomeAway <input type="checkbox"/> (D) Expedia <input type="checkbox"/> (E) Other: _____	
Online Travel Agent: Booking.com	
Category For Which Licence Is Sought - Please tick (✓) as appropriate	
<input type="checkbox"/> (A) Guesthouse <input type="checkbox"/> (B) Cottage Colony <input checked="" type="checkbox"/> (C) Apartments <input type="checkbox"/> (D) Hotel	
Fee Tendered Herewith: Total: \$ CI 250.00 (10 bedrooms and under CI \$250.00. Over 10 bedrooms CI\$25.00 per bedroom) \$ US	
If granted a licence I undertake to conform with the Tourism Law (1995 Revision) and the regulations and in particular with the minimum requirements therein set forth.	
Signed: (Signature Required)	
Date: (Date of Application)	



Capacity Data for Hotels Licensing Board



Property Name: CAYMAN PARADISE
Date: JANUARY 1, 2019
Block & Parcel Number: 01A, 234
Managers Name: BOB DOE
Mangers Phone Number: 345-949-7900
24 Hour Contact Name: BOB DOE
24 Hour Contact Number: 345-949-7900

License Sought
(Check One) Apartment
 Cottage Colony
 Guest House
 Hotel

Primary Accommodation Type
(Check One) Apartment
 Bed & Breakfast
 Condominium
 Guest House
 Resort
 Timeshare
 Villa

N.B.: COMPLETION OF THIS FORM IS MANDATORY SO PLEASE READ CAREFULLY

Units to Be Licensed: List **ALL** Units/Rooms that you are applying to be licensed.

Bedrooms: Insert the number of Bedrooms in each Unit.

Beds: Insert the total number of Beds in each Unit (count pullout beds or cots that are in the units as well)

Of Sofa Sleepers: Insert the number of sofa beds in each Unit

Location of sleepers: Is it located in the den/living room

Max Unit Capacity: Insert the Maximum Number of Persons that each unit can accommodate including total number of beds and sleepers

Accessibility: Please list your handicap amenities on the second page, [Handicap Data Form](#).

Units To Be Licensed	# Bedrooms	Total # Beds	# Of sofa sleepers	Location of sofa sleeper	Max Unit Capacity
#10	3	5	1	Living Room	10
#12	2	3	1	Living Room	8
#14	3	4	N/A	N/A	8
#20	1	1	1	Living Room	4
TOTAL	9	13	3		30

Units To Be Licensed	# Bedrooms	Total # Beds	# Of sofa sleepers	Location of sofa sleeper	Max Unit Capacity
TOTAL					



Handicap Data for Hotels Licensing Board

Please indicate by placing a check mark (✓) in the appropriate boxes below.

Total # of Handicap Parking Spaces	Total # of Handicap Units	Wheel Chair accessible Entrance (Ramp)	Wheel Chair Accessible Exit (Ramp)	Visual	Hearing	Seeing eye dogs	Public handicap Stalls with Hand Rails
4	1 (Unit #12)	✓	✓				
TOTAL	1						

The following alterations have been made to the accommodation since the issue of the above License (Details provided below).
