

MUNICIPAL OFFICES:

ECONOMIC DEVELOPMENT & PLANNING

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**CONFIRMATION AND/OR APPLICATION OF A TOURISM ESTABLISHMENT
AND/OR TOURISM OPERATOR**

SECTION A

Please indicate whether your business/operation is an existing establishment currently registered or new Application to be registered:-

EXISTING ESTABLISHMENT _____

OR

NEW APPLICATION: _____

A1. NAME OF ESTABLISHMENT:

A2. OWNER'S NAME AND SURNAME:

A3. FULL DESCRIPTION OF TOURISM ESTABLISHMENT/OPERATION SITE:

A4. PHYSICAL / STREET ADDRESS OF TOURISM ESTABLISHMENT/OPERATION SITE:

SECTION B

B1. NATURE OF ESTABLISHMENT/OPERATION (Please tick the relevant Category)

SERVICED ACCOMMODATION					SELF CATERING		
BB	GUESTHOUSE	COUNTRY HOUSE	BOUTIQUE HOTEL	LODGE	SELF CATERING APARTMENTS/HOUSE	BACKPACKER/HOSTEL	RESORT
TOURISM OPERATOR							
HOLIDAY LETTING AGENCY			TRAVEL AGENCY			TOUR OPERATOR	

B2. CONFIRMATION OF NATURE AND EXTENT OF ESTABLISHMENT AND TOURISM OPERATION:

Date of commencement of establishment	
Number of Rooms	
Number of Staff Employed	
Number of Staff who reside on the premises	
Registered with CTO: (eg. KwaDukuza Dolphin Coast Tourism Office – Sangweni Centre or NCAN or Other – please specify)	
Registered with relevant Tourism Authority (eg. Tourism KZN, FEDHSA)	
Tourism Council Grading (if applicable)	

B3. CONTACT DETAILS OF ESTABLISHMENT OPERATOR OR APPLICANT:

Name and Surname	
Postal Address	
E-Mail Address	
Tel No:	
Fax No:	
Cell No:	

B4. OTHER RELEVANT INFORMATION: (Please specify other Information you would like to add)

For Official Use Only:

Form No: _____

Date: ____/____/2011

Note: Forms to be returned to: Sangweni Tourism Office or KwaDukuza Municipal Office – Ballito