LA09 – Application Form –

The Registration for an Operator in a Tourism Establishment

In Terms of Chapter 409 – The Malta Travel and Tourism Services Act

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Prerequisites: To complete this application form, Applicants are required to submit the following documents:

1. Copy of both sides of Identity Card (for Operator);
2. Valid Police Conduct (for Operator);
3. An official employment history from a Government Body (such as Jobsplus) and/or academic qualifications;
4. Copy of Full Memorandum and Articles of Association (if Operator is a Body Corporate) or Deed of Partnership (Operator is a Partnership);
5. Company Board Resolution appointing an Official Representative of the Company (Operator is a Body Corporate) or Partnership Resolution appointing an Official Representative of the Partnership (if Applicant/Operator is a Partnership).

Notes:

[1]**All documents to be submitted in PDF format.**

Warning to Licensee/Operator: Any false statements, misrepresentation, or concealment of material fact in this form or in any document presented in support of this application form may constitute an offence and may lead to refusal, suspension, or revocation of any license and to administrative, civil, and/or criminal consequences at law.

Data Protection Statement: Personal information provided in this application is protected under the Data Protection Act (Chapter 586 of the Laws of Malta). The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act for licensing, compliance, and related administrative purposes, and to comply with the Authority's legal obligations. Upon approval of the application, the Authority will publish the license number, the name of the establishment, the license category, and the address. For further information about how your data is processed and your rights, please consult the Authority's privacy notice or contact the Data Protection Officer at dataprotection.mta@visitmalta.com.

Assistance: If you have any queries, you can call the Licensing Department on +356 2291 5000, or email licencing.mta@visitmalta.com.

1. Licensee Details:

- Name

  Name:* _____ Surname:*_____

- Identity Card Number:* _____
- Tel/Mobile Number:*_____
- Email:*_____

2. Proposed Operator's Details:

a) Natural Person Details: (to be filled in if Applicant is a Natural Person or Representative of Company)

- Name

  Name:*_____ Surname:* _____

- Identity Card Number:* _____
- Nationality:*_____
- VAT Number:*_____
- Address:*_____

  _____
- Locality:* _____
- Tel/Mobile Number:*_____
- Email:* _____

b) Company/Partnership Details: (if Operator is a Body Corporate or Partnership)

- Registered Company/Partnership Name:*_____
- Company Registration/Partnership Number:*_____
- VAT Number:*_____
- Registered Address:*_____

  _____
- Locality:*_____
- Tel/Mobile Number:*_____
- Email:*_____

3. Establishment Details:

- Name of Establishment:* _____
- Number of Establishment:*_____
- Address:*_____

  _____
- Locality:* _____
- Local Council:* _____
- Postcode: _____
- MTA License Number:* _____

Is this the first (new) Operator to be registered? (to be completed by Licensee)

- ☐ Yes
- ☐ No

If No:

- ☐ New Operator to be added jointly to the already registered Operator/s
- ☐ Previous registered Operator/s to be removed

4. List of Registered Operator/s: (if applicable)

Name and Surname	**Identity Card Number**
1.	
2.	
3.	

5. Registered Operator/s to be Removed: (if applicable)

Name and Surname	**Identity Card Number**
1.	
2.	
3.	

6. Responsibility of Operator for the Premises: (tick as applicable)

- ☐ The Whole Premises
- ☐ Part of the Premises

If the Operator is responsible for only part of the premises, please indicate in RED on the layout plan which part of the Premises.

7. Declaration by Applicant:

a) Authority and Warrant of Capacity (tick all):*

- I/We hereby declare, represent, and warrant that, as the Applicant/Operator, I/we have full legal capacity and authority to submit this application and to bind the person or entity on whose behalf it is submitted. I/We further warrant that I/We Am/Are duly empowered and that any other natural or legal person mentioned in this application shall be jointly and severally bound by these declarations.

b) Right of Use of Premises (tick all):*

- I/We hereby declare, represent and warrant that, as the Applicant/Operator, I/We hold a valid legal right, of whatever nature, whether real, personal, contractual, fiduciary, representative or otherwise, to occupy, use and operate the Premises for the purposes of this application, and that such right is presently effective and enforceable at law. I/We further declare, represent and warrant that, as the Applicant/Operator, I/We have obtained all requisite written consents and authorisations from the Owner of the Premises and/or from any other person or authority whose consent is required at law to submit and process this application, to obtain any license to operate, and to conduct the intended activity on and from the Premises.

c) Insurance (tick all):*

- I/We undertake to maintain, at all times and for so long as the Premises are operated, insurance cover appropriate to the nature, scale and risk profile of the operation and in accordance with all requirements under the Malta Travel and Tourism Services Act (Cap 409), its subsidiary legislation and all applicable license conditions, including third party liability insurance, and to produce evidence of cover to the Authority on request.

d) Operations (tick all):*

- I/We undertake to abide at all times by the provisions of the Malta Travel and Tourism Services Act (Cap 409), the regulations made thereunder, and with all license conditions that may be imposed, and to maintain all permits and approvals required by law;

- I/We undertake to inform the Malta Tourism Authority in writing of any changes in circumstances or information relevant to this application or of the operation (including, without limitation, any change in title, capacity, ownership, management, layout or services offered) within not more than fourteen (14) calendar days from the date the change occurs, unless a shorter period is prescribed by law or by a condition so imposed.

e) General (tick all):*

- I/We declare that I/We have read and understood the 'Warning to Licensee/Operator' in this Application Form;

- I/We declare that the statements and information provided in or with this application are true, accurate and complete to the best of My/Our knowledge and belief, and acknowledge that making a false declaration or submitting false documentation may constitute an offence and may lead to refusal, suspension or revocation of any license and/or to administrative, civil and/or criminal consequences according to law;

- I/We declare that I/We have read and understood the Data Protection Statement in this application form and consent to the processing of personal data for the purposes stated therein;

- I/We declare that I/We have read and understood Chapter 409 and applicable Subsidiary legislation.

- I/We assume full responsibility for the accuracy and completeness of all information provided; for the lawful occupation and use of the Premises for the licensed activity; and for full compliance with the Malta Travel and Tourism Services Act (Cap. 409) and all regulations and license conditions made thereunder, as well as any other applicable laws, standards, and permits;

- I/We acknowledge that any defect in title, consent, or authority shall not relieve me/us of responsibility towards the Authority;

- I/We agree to indemnify and hold harmless the Authority from and against any loss, cost, expense, or liability arising from any false, inaccurate, or misleading declaration; any lack of title, consent, or authority to occupy or operate; or any breach of Cap. 409, its subsidiary legislation or license conditions, without prejudice to any enforcement action, suspension or revocation the Authority may take in accordance with law.

f) Eco Taxation Declaration:* (if applicable)

- I *(insert name)* _____ bearer of Identity Card Number _____ hereby declare that as the Operator, I am personally responsible to collect and pay the ECO Tax.

7. Signature of Licensee:

- Signature of Licensee:* _____
- Signatory's Full Name and Surname:* _____
- Date:* _____

8. Signature of Proposed Operator:

- Signature of Proposed Operator:* _____
- Signatory's Full Name and Surname:* _____
- Date:* _____

9. Checklist for Document Submission:

1	Copy of both sides of Identity Card (for Operator);	
2	Valid Police Conduct (for Operator);	
3	An official employment history from a Government Body (such as Jobsplus) and/or academic qualifications (for Operator);	
4	Copy of Full Memorandum and Articles of Association (if Operator is a Body Corporate) or Deed of Partnership (Operator is a Partnership);	
5	Company Board Resolution appointing an Official Representative of the Company (Operator is a Body Corporate) or Partnership Resolution appointing an Official Representative of the Partnership (if Applicant/Operator is a Partnership);	

Notes:
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For Office Use Only

Application Reference:_____

Date Received:_____

Processed by:_____