



Application No. \_\_\_\_\_

**APPLICATION FOR REGISTRATION**

*(Please tick appropriate box. Use one application form per classification)*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Restaurant                  | <input type="checkbox"/> Travel/Tour Agency   | <input type="checkbox"/> Boutique/Souvenir/Gift shop   |
| <input type="checkbox"/> Resort                      | <input type="checkbox"/> Ticketing Office     | <input type="checkbox"/> Tourist Transport Operator    |
| <input type="checkbox"/> Prof. Congress Organization | <input type="checkbox"/> Spa/ Wellness Center | <input type="checkbox"/> Tour Guide                    |
| <input type="checkbox"/> Accommodation               |   | <input type="checkbox"/> Tourist Related Establishment |

Classification: \_\_\_\_\_

Pls. Specify: \_\_\_\_\_

**The Honorable Mayor  
City of Mati**

Pursuant to the provision of **City Ordinance No. 370, Series of 2019**, and the rules governing the operation of my business, I hereby apply for a license to operate the same. The following are the facts related to my business and the capacity to engage in such;

**Establishment**

Business Name: \_\_\_\_\_  
*( name which appears in your signage )*

Address : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Website : \_\_\_\_\_

E-mail : \_\_\_\_\_

**Types of Organization**

- \_\_\_\_\_(S) Single Proprietorship  
 \_\_\_\_\_(P) Partnership  
 \_\_\_\_\_(C) Corporation

Date Established: \_\_\_\_\_ (Month/Day/Year)

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Gen. Manager: \_\_\_\_\_

Nationality: \_\_\_\_\_

No. of Employees	Total No.	Foreign	National	Local	
		Male	Female	Male	Female
Managerial:	_____	_____	_____	_____	_____
Rank & File:	_____	_____	_____	_____	_____

Capitalization	Currency Code	Amount
Single Prop.	Php	_____
Partnership	Php	_____
Corporation	Php	_____
Authorized:	Php	_____
Paid-up:	Php	_____
Gross Income:	Php	_____
Net Income	Php	_____
Total Assets	Php	_____





**For HOTELS, INNS, APARTELES, LODGING HOUSES applicants only:**

Facilities/amenities;

- |  |  |
|--|--|
| <input type="checkbox"/> Coffee Shop/ Restaurant -----capacity:_____ | <input type="checkbox"/> Shopping Arcade                 |
| <input type="checkbox"/> Convention Banquet-----capacity:_____       | <input type="checkbox"/> Tennis/ Golf/ Pelota            |
| <input type="checkbox"/> Parking Space-----capacity:_____            | <input type="checkbox"/> Bar/ Cocktail Lounge            |
| <input type="checkbox"/> Mailing                                     | <input type="checkbox"/> Airport/ Shuttle Transfer       |
| <input type="checkbox"/> Hot & Cold Shower                           |  |
| <input type="checkbox"/> Sauna/ Massage                              | <input type="checkbox"/> Foreign Exchange Counter        |
| <input type="checkbox"/> Medical/ Dental Clinic                      | <input type="checkbox"/> Casino                          |
| <input type="checkbox"/> Beauty Shop/ Barber Shop                    | <input type="checkbox"/> Fitness Gym                     |
| <input type="checkbox"/> Swimming Pool                               | <input type="checkbox"/> Laundry/ Valet                  |
| <input type="checkbox"/> Travel/ Tour Agency                         | <input type="checkbox"/> Fishing Area                    |
| <input type="checkbox"/> Colored TV, Piped-in Music                  | <input type="checkbox"/> Smoke Free                      |
| <input type="checkbox"/> In-Room Movie                               | <input type="checkbox"/> Designated Outdoor Smoking Area |

Number of Rooms: \_\_\_\_\_ Number of Lodgers/ Bed: \_\_\_\_\_

Other Facilities/ Amenities: \_\_\_\_\_

**For RESORT applicants only:**

Facilities/ Amenities

- |   |  |
|---|--|
| <input type="checkbox"/> Conference/ Convention Hall---capacity _____ | <input type="checkbox"/> Picnic Huts                     |
| <input type="checkbox"/> Parking Space-----capacity _____             | <input type="checkbox"/> Snorkelling/ Diving             |
| <input type="checkbox"/> Coffee Shop/ Restaurant-----capacity _____   | <input type="checkbox"/> Golf Course                     |
| <input type="checkbox"/> Foreign Exchange Counter                     | <input type="checkbox"/> Tennis Court                    |
| <input type="checkbox"/> Cottages----- Total No. _____                | <input type="checkbox"/> Beauty/ Barber Shop             |
| <input type="checkbox"/> Basketball Court                             |  |
| <input type="checkbox"/> Sauna/ Massage Parlor                        | <input type="checkbox"/> Medical/ Dental Clinic          |
| <input type="checkbox"/> Smoke Free                                   | <input type="checkbox"/> Designated Outdoor Smoking Area |

**Operation and Management of Resort: City Ordinance 370, Series of 2019, Chapter III, Section 75 – LIFEGUARD AND SECURITY**  
*(Philippine Coast Guard Memorandum Circular 03-14, Guidelines for Safety and Security Requirements of Coastal and Beach Resorts, and Vessels with Pool Facilities including Qualification and Requirements of Lifeguard for the Promotions of Safety of Life at Sea.)*

Lifeguard Name: \_\_\_\_\_

Certificate Number: \_\_\_\_\_ Issued on: \_\_\_\_\_ Issued by: \_\_\_\_\_

Other Facilities/ Amenities: \_\_\_\_\_

**For TOURIST TRANSPORT OPERATOR applicant only:**

Vehicle Type	Number of Units	Average Number of Seats Per Unit	Total Number of Seats
Bus			
Coaster			
Van			
SUV/AUV			
Car/ Sedan			
Other			
<b>Total</b>			

Use separate sheet if necessary.



Republic of the Philippines  
Province of Davao Oriental

**City of Mati**

**CITY TOURISM and PROMOTIONS OFFICE**



I certify that I have not been convicted of any criminal offense involving moral turpitude and that all officials and employees of the establishment are of good moral character and without criminal record.

I certify that all foregoing data and documents supporting this application are true and correct.

License No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature  
Owner/ Manager

\_\_\_\_\_  
Date Accomplished

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ after Exhibiting Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Doc. No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of 20 \_\_\_\_\_