

Host Home Application Form

The owner or operator of a home, who wishes to provide accommodation, must submit this application form to the Grenada Tourism Authority, for inspection and approval.

IDENTIFICATION

Name of Applicant _____

Date of Birth (dd/mm/yy): _____

Occupation: _____

Mailing Address: _____

Contact Nos: Home: _____ Work: _____

Mobile: _____ Fax: _____

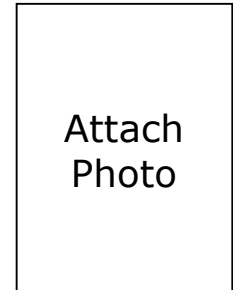
Email: _____

Identification Number: _____

National ID# Passport

Drivers Licence NIS

Other: _____



Location of Prospective Host Home

Street: _____

Parish: _____

Additional Directions: _____

DETAILS OF PROJECT OR UNDERTAKING

Please tick the appropriate box of the facilities that you wish to offer.

Note. The capacity of a room or apartment should be calculated as follows:

Single - Single or Twin Bed

Double - Double, Queen or King Sized Bed

Triple - 3 single beds or 1 single and 1 double bed

Quad - 4 single beds or 2 double beds

New Structure

Rooms

Apartments

Quantity				
Single	Double	Triple	Quad	Total

Existing house

- Upgrade of existing bedroom/s.
- Upgrade of existing apartments
- New Rooms
- New Apartments

Single	Double	Triple	Quad	Total

Kitchen Facilities

- Crockery (plates, cups, etc.)
- Cutlery (knives, forks, etc.)
- Dish Washer
- Kettle
- Other
- Microwave
- Pots & Utensils
- Refrigerator
- Stove

Washing facilities

- Washing machine
- Dryer
- Clothes Lines
- Other

Amenities

- Air Conditioning
- Clock
- Computer/Internet
- CD Player
- Electric Iron & Board
- Fans
- First Aid Kit
- Hair Dryer
- Hot & Cold Baths / Showers
- Laundry Service / Facilities
- Maid Service
- Meals Provided
- Parking
- Pool
- Radio
- Smoking/Non Smoking
- Telephone
- TV with Cable
- TV with Local Channels
- VCR / DVD
- Wheelchair Access
- Other

Declaration

I _____ certify that the above information is true and correct.

Signature: _____ Date: _____

On behalf of (if applicable): _____

COMPLETED APPLICATIONS SHOULD BE RETURNED TO:

The Grenada Tourism Authority
PO Box 293, Burns Point
St George's,
Grenada

Tel: 440 2279 / 2001
Fax: 440 6637
Email: info@puregrenada.com

For Official Use Only

Name of Homeowner: _____

Receipt Details: _____

Amount Paid: _____ **Payment Date:** _____

Paid To: _____

Inspection Date: _____

Date Licensed: _____

Expiry Date: _____

Signature: _____