

**TOURISM ESTABLISHMENT LICENCE APPLICATION**

**Please return this form to 161 Maypoint Road, Charlottetown, PE C1E 1X6 or Fax 902-566-3575 or Email [gts@gts.pe.ca](mailto:gts@gts.pe.ca). The \$265.00 New Property Inspection Fee plus applicable licence fee must accompany this application. Please make all payments payable to Tourism PEI.**

Type of New Accommodation: \_\_\_\_\_ # of Units/Sites: \_\_\_\_\_

If an existing licence, specify Licence Number: \_\_\_\_\_ # of Add'l Units: \_\_\_\_\_

**Name of Tourism Establishment:** \_\_\_\_\_

Civic #: \_\_\_\_\_ Road/Street Name/Rte #: \_\_\_\_\_

Town/Village: \_\_\_\_\_

Directions (be very specific including route numbers, distances and local landmarks): \_\_\_\_\_

Dates of Operation: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll Free: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

Please provide your Parcel Identification # (# appearing on Property Tax Statement): \_\_\_\_\_

**Submission of the one time only, non-refundable, \$265.00 New Property Inspection Fee & applicable Licence Fee, payable to Tourism PEI is required with this application. Please contact QTS 902-566-3501 or via email [gts@gts.pe.ca](mailto:gts@gts.pe.ca) to arrange an inspection appointment, a minimum of 2 weeks advance notice is required.**

If paying by Credit Card:

Cardholder Name: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

*If you have any questions regarding the collection and use of this information, contact the Manager of Evaluation, Measurement and Business Intelligence at (902) 368-5540. The accuracy of this information is very important and is distributed to Quality Tourism Services, Visitor Information Centres and to the Research Division of Tourism PEI. Please ensure Tourism PEI is notified of any changes.*

***I hereby apply for a licence to operate a tourist establishment in accordance with Section 2 of the Tourism Industry Act and Regulations. The information on this form is collected under authority of Section 2 of the Tourism Industry Act for the purpose of issuing a tourism establishment licence.***

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Use Only	Description of Units:	Region:	Type of Accom:
<b>Symbols:</b>	<input type="checkbox"/> Barrier-free <input type="checkbox"/> Non-smoking <input type="checkbox"/> Bilingual – full service	<input type="checkbox"/> Pool <input type="checkbox"/> Pets permitted <input type="checkbox"/> Bilingual – partial service	<input type="checkbox"/> Partially accessible <input type="checkbox"/> Air-conditioned <input type="checkbox"/> Beach on premises (within 200 metres)
Indicate # of units with cable TV, VCR/DVD:			
<b>Fees</b>	<b>Date</b>	<b>Cash/Cheque/Other</b>	<b>Total</b>
<b>Initial</b>			
<b>Rating</b>			
<b>Contact/Appointment:</b>			