TOURISM LAW

(1995 Revision, Section 8 (5))
Application for Renewal of a Licence

CAYMAN ISLANDS
GRAND CAYMAN / CAYMAN BRAC / LITTLE CAYMAN

To the Hotels Licensing Board   -   Through the Director of Tourism

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I hereby apply for a renewal of the licence referred to below:

Name of Property: CAYMAN PARADISE APARTMENT #10, 12, 14 & 20
(Property must have a valid name)   **Licence No:** A-012

Name of Owner: JOHN DOE	**Owner's Telephone:** 555-123-1234
Owner's E-Mail: johndoe@outlook.com	**Owner's Mailing Address:** PO BOX 12, Grand Cayman KY1-1234
Name of Operator: Cayman Paradise Management	**Operator's Telephone:** 345-949-7900
Operator's E-mail: info@caymanparadise.com	**Operator's Mailing Address:** PO BOX 456, CAYMAN KY1-1234

Name of Local Manager (If different from Operator): BOB DOE

Local Manager's E-mail: BOBDOE@CAYMANPARADISE.COM

Local Mailing Address: PO BOX 456, GRAND CAYMAN KY1-1234

Local Manager's Telephone: 345-993-0123   **Fax:** 345-949-7900

Location

    Block & Parcel #: 01A, 234

    Building #: 1

    Street Name, District: ABC Street, North Side, Grand Cayman

    Preferred Online Booking Channel:

☒ **(A) Airbnb**   ☒ **(B) VRBO**   ☒ **(C) HomeAway**   ☐ **(D) Expedia**

☐ **(E) Other:**_____

    Online Travel Agent: Booking.com

Please tick (√) as appropriate

☒ **Enclosed herewith is the licence now about to expire.**

☐ **No relevant change has been made in the accommodation since the issue of the above licence; or**

☒ **The following alterations have been made to the accommodation since the issue of the above licence:** (please provide details below)

Sofa Sleeper added to Unit #20.

Fee Tendered Herewith: **Total: $ CI 250.00**
(10 bedrooms and under CI $250.00. Over 10 bedrooms CI$25.00 per bedroom)   **$ US**

Signed: (Signature Required)

Date: (Date of Application)

Capacity Data
for Hotels Licensing Board

CAYMAN ISLANDS
GRAND CAYMAN / CAYMAN BRAC / LITTLE CAYMAN

Property Name: ___CAYMAN PARADISE___
Date: _____JANUARY 1, 2019_____
Block & Parcel Number:____01A, 234____
Managers Name: _____BOB DOE_____
Mangers Phone Number: ___345-949-7900____
24 Hour Contact Name: BOB DOE_____
24 Hour Contact Number: 345-949-7900_____

License Sought
(Check One)
☐ Apartment
☐ Cottage Colony
☐ Guest House
☐ Hotel

Primary Accommodation Type
(Check One)
☐ Apartment
☐ Bed & Breakfast
☐ Condominium
☐ Guest House
☐ Resort
☐ Timeshare
☐ Villa

N.B.: COMPLETION OF THIS FORM IS MANDATORY SO PLEASE READ CAREFULLY

Units to Be Licensed: List **ALL** Units/Rooms that you are applying to be licensed.
 # Bedrooms: Insert the number of Bedrooms in each Unit.
 # Beds: Insert the total number of Beds in each Unit (count pullout beds or cots that are in the units as well)
 # Of Sofa Sleepers: Insert the number of sofa beds in each Unit
Location of sleepers: Is it located in the den/living room
Max Unit Capacity: Insert the Maximum Number of Persons that each unit can accommodate including total number of beds and sleepers
Accessibility: Please list your handicap amenities on the second page, Handicap Data Form.

Units To Be Licensed	# Bedrooms	Total # Beds	# Of sofa sleepers	Location of sofa sleeper	Max Unit Capacity	Units To Be Licensed	# Bedrooms	Total # Beds	# Of sofa sleepers	Location of sofa sleeper	Max Unit Capacity
#10	3	5	1	Living Room	10						
#12	2	3	1	Living Room	8						
#14	3	4	N/A	N/A	8						
#20	1	1	1	Living Room	4						
TOTAL	94	13	3		30	**TOTAL**					

Handicap Data
for Hotels Licensing Board

Please indicate by placing a check mark (√) in the appropriate boxes below.

Total # of Handicap Parking Spaces	Total # of Handicap Units	Wheel Chair accessible Entrance (Ramp)	Wheel Chair Accessible Exit (Ramp)	Visual	Hearing	Seeing eye dogs	Public handicap Stalls with Hand Rails
4	1 (Unit #12)	√	√				
TOTAL	1						

The following alterations have been made to the accommodation since the issue of the above
License (Details provided below).

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