

# ZANZIBAR COMMISSION FOR TOURISM

## Application form for Operational License(s)



**This Application is subject to the provision of the Zanzibar Tourism Act No. 6 of 2009**

**Please find hereunder the licensing fees for the year 2016**

<b>A ACCOMMODATION (per unit)</b>					
Grade	License base	Mgt fee	Grade	License base	Mgt fee
Lower Level Guest House	\$200x0.3% (ARR)*90 days	\$100	Two Star Hotel	\$2500+0.1 % (ARR)*120 days	\$200
Higher Level Guest House	\$400x0.5% (ARR)*90 days	\$100	Three Star Hotel	\$2500x0.1 % (ARR)*120 days	\$300
Apartments and Hostel**	Fixed rate \$ 250 & \$ 100	-	Four Star Hotel	\$4000x0.1 % (ARR)*120 days	\$400
One Star Hotel	\$1200x0.1 % (ARR)*120 days	\$150	Five Star Hotel	\$4000x0.1 % (ARR)*120 days	\$600

**\*\* Applicable only for the unit approved by the ZCT, ARR means average room Rate by Total number of lettable Rooms**

<b>B BOUTIQUES (per unit)</b>		<b>C CATERING (Restaurant)</b>	
In Hotel	US\$ 750	In Hotel/ International Standard	US \$ 1000
Antiques and Galleries	US\$ 500	Local Standard	US\$ 300
Arts and Crafts.	US\$ 250		
Spice and Traditional items	US\$ 50		
		<b>E TOURISM AGENTS</b>	
		Foreign Intermediaries/Representative	US\$ 2000
		Travel Agents	US\$ 1500
<b>D MARINE ACTIVITIES (per site)</b>		Zoo/Park	US\$ 500
Live aboard, Sport Fishing, Dive Centre	US\$ 3000	Tour Operators	US\$ 200
Wind/Kite Surfing/ Parasailing	US\$ 2000	Consultancy services	US\$ 500
Dhow cruising	US\$ 1000	<b>F CONFERENCE AND ENTERTAINMENT</b>	
Island Shuttle	US\$ 200	Discotheque	US\$ 2500
Others	US\$ 300+	Horse Ridding	US\$ 1500
		Spa and Massage Parlor	US\$ 1000
		Conference	US\$ 1000

Total Number of Rooms: .....Average Room Rate US \$: ..... Total Number of Beds:.....

Total number of Rooms sold in the last 12 months ..... Total number of Beds sold in the last 12 month.....

### PROJECT DETAILS

- Project name\_(as per certificate of incorporation/Registration).....  
Number..... Date issued .....
- Name under which business is carried on (to be licensed).....
- Location (Principal Premises of Business)..... P. O. Box: .....Tel. Number:.....  
Fax Number ..... Email/**www**.....
- Previous license number .....Date issued ... Name of which current license is held .....

### CURRENT LEVEL OF EMPLOYMENT & JOB SPECIFICATION

JOB SPECIFICATION	ZANZIBARIS		TZ MAINLANDERS		FOREIGNERS		TOTAL
	Male	Female	Male	Female	Male	Female	
Management							
Skilled							
Unskilled							
TOTAL							

Management Certificate to be issued to: (name & position).....

Name of Shareholder                      Nationality                      Position                      Number of shares

.....  
.....  
.....  
.....

**DECLARATION**

I hereby certify that the particulars given are true and correct that I am subjected to conviction if proved otherwise

.....

**Name and Designation**

**Signature, Date & Stamp**

**Attach :**

- (i) Filled copy of this form
- (ii) Tax Clearance from ZRB and TRA
- (iii) Sea worthiness Certificate for Marine Activity
- (iv) Hotel tariffs for Accommodation Units

**Note: Licenses are valid for an indivisible period of 12 calendar months.**  
**For renewal, date limit is Feb 28 and penalty apply beyond date limit accordingly.**  
**Hours of Service: 08.00am – 02.30 pm.**

**FOR OFFICIAL USE ONLY**

Number of Rooms: ..... X Average Room Rate (US\$): ..... X Ratio (%): ..... X Days.....

Increment \$: .....

License Base Fee \$: .....

Management Certificate \$: .....

Total Accommodation License Fees: \$: .....

<b>ZCT REG NO</b> .....	License Fee	(License No
License A – Accommodation (Grade).....	\$ .....	A/ .....
License B – Boutique	\$ .....	B/ .....
License C – Catering	\$ .....	C / .....
License D – Marine Activities	\$ .....	D/ .....
License E – Tourism Agent	\$ .....	E/ .....
License F – Conf. Entertainment	\$ .....	F/ .....

**Pay TOTAL:**                      \$ .....

(Name, Sign & Date of Licensing Officer): .....

License granted/Rejected -reason .....

Executive secretary sign & date .....

Amount Received (\$) ..... Receipt No ..... Cash/ Cheque No .....

Cashier (signature) ..... IT personnel (signature) .....

*Zanzibar without HIV & AIDS is possible. All Tourism Establishments are encouraged to sensitize their staff on this epidemic.*

**ZCT- Amani road, near Amaan Stadium – P.O.BOX 1410 – TEL: + 255 24 2233485 - FAX +255 24 2233448,**

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