



MINISTRY OF TOURISM AND HOTELS MANAGEMENT
NEW GOVERNMENT ANNEX 11 SECRETARIAT BEHIND U.B.E
GUSAU, ZAMFARA STATE

REGISTRATION FORM FOR HOTEL ESTABLISHMENT

1. Name of Firm/Establishment: _____

2. Contact Address: _____

City: _____ State: _____
3. Site Location: _____

4. Hotel Classification (**Tick Appropriately**)
 - i. 5 Star Hotel ()
 - ii. 4 Star Hotel ()
 - iii. 3 Star Hotel ()
 - iv. 2 Star Hotel ()
 - v. 1 Star Hotel ()
5. Total Number of Rooms in the Hotel: _____
6. Mobile Phone No: _____
7. Email Address: _____

DECLARATION

I _____ hereby certify that, the above information/documents submitted are to the best of my knowledge and I undertake to notify the Zamfara State Ministry of Tourism and Hotels Management whenever there is a change in any of these particulars so declared.

Signature: _____

Date: _____

NB: Return the form with the following documents;

- i. Certificate of Occupancy from ZAGIS
- ii. Building Permit from ZUREPB
- iii. Architectural design of the building by the registered architect

FOR OFFICIAL USE ONLY

- Documents Attached ()
- Date Received ()
- Comment: _____

Permanent Secretary Sign & Stamp