



Bureau of Tourism

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REPUBLIC OF PALAU

TOUR OPERATOR PERMIT APPLICATION PNC Chapter 9, Title 11

(1) IMPORTANT INFORMATION FOR THE APPLICANT

- ✓ Ensure this application is complete and all required documents are attached when it is submitted (see checklist)
- ✓ A copy of the receipt showing payment of the tour operator license fee (\$150.00 annually) from the Palau National Treasury is required to submit this application
- ✓ Be aware that the information provided is made under oath and any person who commits perjury will be prosecuted to the full extent of the law
- ✓ Type or legibly print all information provided in this application
- ✓ This Application will be reflected on the final approval of the Tour Operator Regulation

With this application, you intend to (check appropriate box):

Register a new Tour Operator Renewal Status Change Status

(2) NAME OF BUSINESS (as registered at tax office)

(3) BUSINESS INFORMATION: OWNER, ADDRESS & CONTACTS (same as at tax office)

Name of the Owner: _____
First Name Middle Initial Last Name

Business address and contact:

P.O. Box: _____	Physical address/Location: _____	State: _____	Zip: _____
Office Phone: _____	Cell: _____	Fax: _____	
Email: _____		Website: _____	

(4) INFORMATION OF PERSON (NON-OWNER) FILLING OUT THIS FORM

Full Name: _____

Address and contact information:

P.O. Box: _____	Physical address/Location: _____	State: _____ Zip: _____
Tel: _____	Cell: _____	Fax: _____
Email: _____	Website: _____	

(5) FORM OF BUSINESS (please check appropriate box):

(a) Sole Proprietorship

Name of Sole Proprietor: _____

Must match the name of the Business Owner

(b) Corporation

IF APPLICANT IS A CORPORATION, KINDLY STATE THE FULL NAMES & TITLES OF ALL THE CORPORATE OFFICERS OF THE APPLICANT.

(Attach separate sheet if more space is required)

Name:	Title:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Corporate applicants must also attach the following:

- Certified copies of the Charter and Articles of Incorporation
- Copies of Applicant's Current Business Licenses in The Republic of Palau
- Corporate clearance from Attorney General Office for the purpose of "Tour Operator"

(c) Partnership

List names of all Partners: _____

(d) Joint Venture

List names of all Parties: _____

(e) Foreign Investment Business *If checked, must complete question (7)* _____

(6) DATE BUSINESS BEGAN OPERATIONS: _____

(7) BUSINESS' FOREIGN INVESTMENT APPROVAL CERTIFICATION (FIAC):

FIAC number: _____

FIAC Certification must be for the purpose of this Application as a "Tour Operator".

(8) PROVIDE ON A SEPARATE SHEET WITH THIS APPLICATION THAT CONTAINS A CLEAR AND CONCISE STATEMENT DESCRIBING CAPACITY AS A TOUR OPERATOR. THIS SHOULD INCLUDE, BUT IT IS NOT LIMITED TO:

(a) *Experience as a Tour Operator and length of time in business*

(b) *Capability as a Tour Operator*

(c) *Information regarding Palauan and non-Palauan citizen's participation in the business and their roles and responsibilities*

(9) PROVIDE ON A SEPARATE SHEET A LIST OF ALL OF APPLICANT'S TOUR OPERATOR'S EMPLOYEES, THEIR RESPECTIVE DUTIES, PERMIT NUMBERS, AND QUALIFICATIONS.

(10) IS APPLICANT AND/OR APPLICANT'S BUSINESS CURRENTLY INVOLVED IN ANY PENDING LITIGATION?

No Yes If yes, please provide Case Number and Caption _____

BRIEFLY EXPLAIN THE NATURE OF THE CASE:

(11) ARE THERE ANY EXISTING JUDGEMENTS OR OTHER LIENS AGAINST APPLICANT OR APPLICANT'S TOUR OPERATION?

No Yes If yes, please list them and briefly explain what they are _____

** Attach a separate sheet with a list if more space is needed.

(12) PLEASE PROVIDE CURRENT INSURANCE COVERAGE FOR YOUR TOUR OPERATOR BUSINESS.

Name of Insurance Carrier	Type of Insurance	Amount of Insurance	Period of Coverage
1.			
2.			
3.			
4.			

** Attach copy of Insurance Policy or Policies.

(13) HAVE YOU PAID THE REQUIRED FEE FOR A TOUR OPERATOR'S PERMIT?

No Yes If yes, attach copy of official payment receipt.

(14) PLEASE PROVIDE COPIES OF ALL VALID TOUR GUIDES' CERTIFICATION FOR ALL TOUR GUIDES.

** Attach a separate sheet with a list if more space is needed

(15) DOES THIS BUSINESS HAVE ANY DELINQUENT TAXES FOR THE REPUBLIC OF PALAU?

No Yes If yes, please state below the dates and amounts of such delinquent taxes.

(16) PROVIDE A BRIEF DETAILED LIST OF APPLICANT TOUR OPERATOR'S ASSETS AND SUPPORTING DOCUMENTS OF APPLICANT'S OWNERSHIP OF SUCH ASSETS.

	NAME OF ASSETS	DESCRIPTION OF ASSET
1		
2		
3		
4		
5		

** Attach a separate sheet for listing if more space is needed.

(17) PROVIDE/ATTACH A COPY OF APPLICANT'S "STANDARD OPERATION PROCEDURE" (SOP) FOR SAFEGUARDING CUSTOMER. BRIEFLY STATE BELOW APPLICANT'S PLAN FOR SAFEGUARDING THE SAFETY OF THE CUSTOMERS.

** Attach a separate sheet if more space is needed

(18) PROVIDE/ATTACH A COPY OF APPLICANT'S "STANDARD OPERATION PROCEDURES" (SOP) FOR PROTECTING THE MARINE ENVIRONMENT OF PALAU. BRIEFLY STATE BELOW APPLICANT'S PLAN FOR PROTECTING THE MARINE ENVIRONMENT OF PALAU. *Include briefing process before any activity. This should include Green Fins (Do's & Don't)*

** Attach a separate sheet if more space is needed

(19) BY SIGNING THIS APPLICATION AS AN OWNER OR REPRESENTING THE OWNER OF THE COMPANY, ALLOWS THE BUREAU OF TOURISM TO CONDUCT AN INDEPENDENT VERIFICATION FOR ANY INFORMATION PROVIDED IN THIS APPLICATION.

Full Name: _____ Date: _____

Signature

CERTIFICATE

The undersigned applicant or representative on behalf of the applicant hereby certifies under penalty of perjury that the information and statements provided in this application are true and accurate to the best of his/her knowledge.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

The Bureau of Tourism certifies that the information provided is sufficient: Initial ____ Date: ____

Is not sufficient: Initial ____ Date Return: ____

A Copy of this application may be forwarded to and/or verified with the following office(s):

- Ministry of Justice – Bureau of Labor, Immigration, Marine Law, Public Safety, Attorney General
- Ministry of Public Infrastructure Industries & Commerce – Division of Transportation
- Foreign Investment Board (FIB)
- State Office(s)

The Bureau of Tourism, therefore, recommends:

- Approval of Application
- Disapproval of Application
- Conditional approval of Application subject to the following action(s):

Incomplete application and been returned for following reasons:

MNRET Minister/ His designee

Date

