



Tour Operator's Application Checklist

Note: Using this checklist will be helpful in the completion of the application. Each line in the checklist corresponds to each questions on the application.

- [] Q. 1 Read important information for the applicant and mark the appropriate box for the business.
- [] Q. 2 Write the name of your business (*Must be the same name as registered at Tax Office*).
- [] Q. 3 Provide business information (*Must be the same information as registered at Tax Office*).
- [] Q. 4 Provide the full name and contact information of person (other than owner), filling out the application.
- [] Q. 5 Read (a) and (b) and mark the appropriate box. Additional information and/or separate sheet(s) of paper may be required for (b) through (d). *If you mark (e), ensure Q. 7 is completed.*
- [] Q. 6 Provide the initial start date of business.
- [] Q. 7 *Answer if Q. 5(e) is marked.* Provide Foreign Investment Approval Certification number (FIAC). FIAC is issued by the Foreign Investment Board (FIB) office.
- [] Q. 8 *Separate sheet is required.* Please read the question and write a clear and concise statement based on (a) to (c).
- [] Q. 9 *Separate sheet is required.* List names of all business employees with respective duties, qualifications and work permit numbers for foreign workers.
- [] Q. 10 Read and mark appropriate box. Brief summary is required if marked yes. *Separate sheet may be required.*
- [] Q. 11 Read and mark appropriate box. Brief summary is required if marked yes. *Separate sheet may be required.*
- [] Q. 12 Provide current insurance coverage for the business.
- [] Q. 13 Attach copy of payment receipt for Tour Operator business license, provided by the Tax office.
- [] Q. 14 *Separate sheet may be required.* Provide copies of all valid tour guide licenses (front and back), for all tour guides.
- [] Q. 15 Read and mark appropriate box. Brief summary is required if marked yes.
- [] Q. 16 *Separate sheet may be required.* Provide a list of applicant's tour operator assets with supporting documents of ownership. For example, photocopy of vehicle registration cards etc...
- [] Q. 17 *Separate sheet may be required.* Provide copy of SOP for customer safety or briefly state on the lines provided.
- [] Q. 18 *Separate sheet may be required.* Provide copy of SOP for safeguarding the marine environment of Palau or briefly state on the lines provided.
- [] Q. 19 Must be signed by the owner or a representative of the owner.
- [] ***Application must be signed by the owner and notarized through a Notary Public before application is accepted by the Bureau of Tourism.***



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: _____
Print/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

