



OWNER-OCCUPIED RENTAL HOMES LICENSE FORM 1C

Name of Property (if applicable): _____

Real Property Tax Assessment Number: _____

Location/Street Name: _____

Lot/House Number _____

Town/Island: _____

Postal Address: _____

Closest Airport: _____

Number of Bedrooms: _____

Number of Beds _____ Bed Types _____ Number of Bathrooms _____

Private or Shared _____

Type of home:

Single _____ Two-storied _____ Villa (s)/Cottage (s) _____

Other (specify) _____

List period when likely to rent:

Year-round _____ Seasonal _____

If seasonal: Summer only _____ Winter only _____ 1-3 times per year _____ 4+ times per year _____

Other (specify) _____

Rates: Summer _____ Winter _____ Special Rates (specify): _____

Daily _____ OR Weekly _____ OR Monthly _____ Other (specify) _____

Note: It is understood that the rates provided may fluctuate.

Is your property located on Condo-Hotel premises? Yes/No

Are you a member of a Condo Hotel Association or Home Owners Association? Yes/No

If yes, please explain _____

Were there any structural changes to your property in the past 5 years? Yes/No

If yes, please explain _____

Name of Operator/Owner: _____

P. O. Box: _____

Tel./Cell: _____ Fax: _____ Email: _____

Emergency Contact: _____



Only complete the following indicated with an asterisk (*) if different than that provided above for Operator/Owner.

*Name of Property Manager/Management Co./Agent/Caretaker/Designate: _____

*P. O. Box: _____

*Location: _____

*Tel/Cell: _____ Fax: _____ E-mail: _____

* Emergency Contact: _____

Company/Property Website: _____

Direction to property (give exact instructions on how to locate via vehicle - include any landmarks; (preferably, include Google map location of premises, or Location Plan).

Amenities:

Cable TV	Yes	No
A/C / Fan	Yes	No
Maid Service	Yes	No
(if "No", is laundry facility available?)	Yes	No

On the Beach	Yes	No
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(if "Yes" provide name of beach) _____

(if "No" provide distance to beach) _____

Swimming Pool	Yes	No
Internet/Wireless Access	Yes	No
Smoking	Yes	No
Pet Friendly	Yes	No
Dock/Marina	Yes	No
Boat, Water Sports equipment	Yes	No

List other amenities: _____

Comments: _____

Signature _____ Position _____

Print Name _____ Date _____

DOCUMENTS/INFORMATION TO BE SUBMITTED WITH THIS FORM

1. Completed Form I – Application for License to Operate
2. Bahamas Investment Certificate (BIA) (if applicable)
3. Evidence that Real Property Tax has been paid to the Chief Valuation Officer.

Return Completed Form IC and ancillary documents, along with relevant applications to:

Sr. Director/CLO - Hotel Licensing Department, Bahamas Ministry of Tourism
P. O. Box N-3701, Nassau, Bahamas Tel: 242-397-2725/2726; Fax: 242-326-2014
E-mail: gcooper@bahamas.com or The Administrator's Office in your District.