



The Tourism and Hospitality Act, 2015
 (Act No.13 of 2015)
 The Tourism and Hospitality (Licensing) Regulations, 2016

ACCOMODATION ENTERPRISE QUARTERLY RETURN

Reporting Months: From to Year:.....

Licence No.: Date of Issue: Renewal Date:

	<input type="checkbox"/> Original <input type="checkbox"/> Amended	
1.	If amended, amendment Approval Number	
No.	Description	Details
2.	Unique Reference Number (URN)	
3.	Name of Tourism Enterprise	
4.	Postal Address	P O Box
		District
		Province
5.	Physical Address	Plot / House No.
		Street
		A rea
		District
		Province
6.	E-mail Address	
7.	Telephone Details	Land line
		Fax number

8. *Establishment Type:*

- Hotel Guest house Bed and Breakfast
Lodge and Safari Camp Bush Camp Backpacker and Hostel
Camping site and Caravan park Self Catering

9. Brief description of facilities (if changes)

Description of property, bedroom plans and grounds, stating extent and amenities. (indicate number and type of rooms/ campsites/ beds / single, double, twin, suites, including bed capacity)

	FIRST MONTH				SECOND MONTH				THIRD MONTH			
	Gross Turnover				Gross Turnover				Gross Turnover			
Nationality	No. of Clients	US Dollar	Zambian Kwacha	Other	No. of Clients	US Dollar	Zambian Kwacha	Other	No. of Clients	US Dollar	Zambian Kwacha	Other
Zambia												
Zambian Residents												
Zimbabwe												
South Africa												
Rest of Africa												
USA/Canada												
Rest of America												
UK												
Germany												
Italy												
Netherlands												
Scandinavia												
Rest of Europe												
Japan												
India												
China												
Rest of Asia												
Australia & Oceania												
Totals												
Staff Employed:	Fulltime Male	Casual Male	Fulltime Female	Casual Female	Fulltime Male	Casual Male	Fulltime Female	Casual Female	Fulltime Male	Casual Male	Fulltime Female	Casual Female
Zambian												
Foreign												
Total												
Capacity	Singles	Twins	Doubles	Suites	Singles	Twins	Doubles	Suites	Singles	Twins	Doubles	Suites
No. of Rooms												
Rooms Available												
Beds Available												
Total												
Bed Occupancy %												
Room Occupancy %												

Submitter's Name	
Submitter's Signature	
Date Received	

Officer's Name/Position		Receiving Office Date Stamp
Officer's Signature		
Date Received		