



**Accommodation Providers Data Sheet**

1. **Name:** Title: ..... Surname: .....  
First name(s): .....

2. **Position in Business** .....

3. **Name and address of accommodation**  
.....  
.....  
Post Code: ..... Telephone: .....

4. **Is the business part of a group or a national chain?**  
Yes  (please give details below) No   
.....  
.....

5. **Name and address of registered business**  
.....  
.....  
Post Code: ..... Telephone: .....

6. **Type of accommodation**  
Bed & breakfast / guest house  Hotel  Other (please state)   
.....  
Number of rooms..... Number of bed-spaces: Guests.....  
Staff.....

7. **Do you provide accommodation all year?**  
Yes  No  (please state times you operate)  
.....

8. **Do you have a fire certificate from the fire safety service under the Fire Precautions Act 1971?**  
Yes  No

9. How many floors is accommodation provided on? .....

10. Is sleeping accommodation provided for guests or staff above first floor?

Yes  No

11. Is sleeping accommodation provided for guests or staff in a basement?

Yes  No

12. If you are a family business, how many family members are involved in the business?

.....

13. How many staff (not family) do you employ? .....

14. Have you carried out any building works in the past 12 months?

Yes  (please give details No

.....

.....

15. Do you provide: Breakfast: Yes  No   
Lunch: Yes  No   
Dinner: Yes  No

16. Do you have a licence to sell alcohol? Yes  No

17. Do you ever let out any rooms as a place to live (eg bedsit rooms)?

Yes  (please give details No

.....

.....

18. Do you have or are you applying for a quality grading from:

AA  RAC  Tourist Board

Signed ..... Date .....

Please return this form to: Dick Langridge, Commercial Health Section, Canterbury City Council, Military Road, CANTERBURY, Kent CT1 1YW Tel. (01227) 862 215

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