

FORM "G"

**{Reference Rule-7 of the Hotels and Restaurants Rules-1977}
APPLICATION FOR REGISTRATION OF A RESTAURANT**

1. Please furnish typed repels.
2. Separate Sheets may be used where necessary which should be signed & affixed with Office Stamps).

1. **Name of the Restaurant.**
2. (i) Year of Establishment.
(ii) Exact Date of Commission in Respects of new Restaurant Commissioned on or After the 1st, January-1977.
3. **Address(Postal)**
(i) Telegraphic Address:
(ii) Telex Number:
(iii) Telephone Number, If any:
4. **Location.**
(i) Province.
(ii) Town.
(iii) Street.
5. **Nature of Ownership (Please state whether Partnership, Cooperative, Company etc).**
6. **Name of Owner with Parentage.**
7. (i). **Full Address of Owner.**
(ii). Telegraphic Address of Owner: and
(iii). Telephone Number, if any
8. **Name of Manager with Parentage.**
(i) Address.
(ii). Telephone Number. If any.
9. **Size.**
(i). Total Area.
(ii). Area of the Kitchen (Hot & Cold).
(iii). Area of the Pantry (and Store Room).
(iv). Area and Seating Capacity of the dining hall.
10. **Costs.**
(i) Cost of Furniture and Fixtures.
(ii). Cost of Equipment.
(iii). Annual Rent.
(iv). Working Capital, and
(v). Total Investment.

11. **Furniture and Fixtures (Please give details separately for the dining hall and the kitchen) on a separate sheet of Paper.**

12. **Facilities available on the premises.**

- (i). Reception/Bill Counter.
- (ii). Telephone.
- (iii). Air-Conditioning or cooling and heating according to local conditions and whether.
- (iv). Clock Room.
- (v). Toilets.
- (vi). Car Park (please indicate Capacity). And
- (vii). Entertainment.

13. **Type of cuisine offered.**

14. **Class of majority of guests (Please indicate whether mostly foreigners or Pakistani).**

15. **Employees:**

Category	Total No	Professionally	No Professionally Trained but Experienced.	Apprentices	English knowledge

Manager.
Reception.
Billing.
Cooks.
Bearers.
Others.

16. **Rates Charged.**

- (i). Immediately before the 1st January-1977.
- (ii). Present with date from which Prescribed.

Signature of Applicant.

Place:

Designation of Applicant

Date: