



## First Time Application For Registration

Name of Owner:

Owner Contact #



Property Mailing  
Address Line 1:

Property Mailing  
Address Line 2:

Taxpayer Account  
(13 Digit TIN):

Contact Details of Person/Company  
submitting Tourism Levies to BRA:

Manager's Name: (if  
different from above)

Property Type:

Hotel

Apartment

Guest House

Vacation Rental

Property Name:

Property Address (if  
different from the above):

Ownership style:

Individual

Partnership

Company

No. of  
Units

No. Bedrooms

Average rate \$  
USD per night

Property/ Manager  
Contact details:



Please ensure that you have completed this  
form in its entirety

Applicant's Name

Date

Applicant's Signature