

## LA04 – Application Form for an Operating License –

### **Catering Establishment Regulations**

In Terms of Subsidiary Legislation 409.15 – Catering Establishment Regulations

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**Prerequisites:** To complete this application form, covering an operational license for a Catering Establishment, Applicants are required to submit the following documents:

1. Copy of both sides of Identity Card (for both Applicant and Operator if applicable);
2. Curriculum Vitae and/or an official employment history from a Government Body (such as Jobsplus) and/or academic qualifications (for both Applicant and Operator if applicable);
3. Valid Police Conduct (for both Applicant and Operator if applicable);
4. Copy of Full Memorandum and Articles of Association (if Applicant/Operator is a Body Corporate) or Deed of Partnership (if Applicant/Operator is a Partnership);
5. Company Board Resolution appointing an Official Representative of the Company (if Applicant/Operator is a Body Corporate) or Partnership Resolution appointing an Official Representative of the Partnership (if Applicant/Operator is a Partnership);
6. Copy of the latest approved development permission issued by the Planning Authority related to the premises, including a copy of the approved drawings (site plan/plans/sections/elevations). The unit subject of this application needs to be clearly outlined on all the relevant drawings (in RED);
7. Architect's Declaration stating that the establishment has been built and finished in compliance with the approved Planning Authority development permit and Plans;
8. Public Sewer Discharge Permit;<sup>\*1</sup>
9. Food Safety Certificate;<sup>\*2</sup>
10. Waste Collection Contract (Waste Collector must be registered with the Environment and Resources Authority);
11. Adequate Third-Party Liability Insurance.<sup>\*3</sup>

**Notes:**

<sup>\*1</sup>From Water Services Corporation (Qormi Road, Luqa, Tel: +356 2244 3184).

<sup>\*2</sup>From The Food Safety and Security Authority (FSSA) (88, Valley Road, Birkirkara, Tel: +356 2602 5000).

<sup>\*3</sup>Applicants are obliged to assess the amount of insurance coverage, including third-party liability, required for their specific establishment and operation. Amounts of less than €250,000 will not be accepted.

<sup>\*4</sup>**All documents are to be submitted in PDF format.**

**Payment:** This Application carries a payment of €46.59, which may be affected at the end of the online application process. Should Applicants not be able to submit an online payment, they are to proceed to:

- MTA Head Office at Building SCM 01, Level 3, Smart City Malta, Ricasoli, SCM 1001, Kalkara. (Opening Hours: Mon-Fri, 8:30 am – 12:00 pm) **or**
- Business First, Ċentru Joseph Grech, 2nd Floor, Cobalt House, Mdina Road, Central Business District, Mrieħel (Opening Hours: <https://www.businessfirst.com.mt/opening-hours/>) **or**
- MTA Branch Office at 17, Independence Square, Victoria, Gozo. (Opening Hours: Mon-Fri, 8.00 am – 12.00 pm).

**Information:** For further information as regards the legal standards one needs to attain prior to the issuance of a license, Applicants are advised to familiarise themselves with Subsidiary Legislation 409.15 or by following the link: <https://legislation.mt/eli/sl/409.15/eng>

**Warning to Applicant/Operator:** Any false statements, misrepresentation, or concealment of material fact in this form or in any document presented in support of this application form may constitute an offence and may lead to refusal, suspension, or revocation of any license and to administrative, civil, and/or criminal consequences at law.

**Data Protection Statement:** Personal information provided in this application is protected under the Data Protection Act (Chapter 586 of the Laws of Malta). The Malta Tourism Authority will process your personal data in accordance with the provisions of the Data Protection Act for licensing, compliance, and related administrative purposes, and to comply with the Authority's legal obligations. Upon approval of the application, the Authority will publish the license number, the name of the establishment, the license category, and the address. For further information about how your data is processed and your rights, please consult the Authority's privacy notice or contact the Data Protection Officer at [dataprotection.mta@visitmalta.com](mailto:dataprotection.mta@visitmalta.com).

**Assistance:** If you have any queries, you can call the Licensing Department on +356 2291 5000, or email [licencing.mta@visitmalta.com](mailto:licencing.mta@visitmalta.com).

**1. Applicant's Details:** (in whose name the License shall be issued)

**a) Personal Details:** (to be filled in if Applicant is a Natural Person or Representative of Company)

- Name

Name:\* \_\_\_\_\_ Surname:\* \_\_\_\_\_

- Identity Card Number:\* \_\_\_\_\_

- Nationality:\* \_\_\_\_\_

- VAT Number:\* \_\_\_\_\_

- Address:\* \_\_\_\_\_  
\_\_\_\_\_

- Locality:\* \_\_\_\_\_

- Tel/Mobile Number:\* \_\_\_\_\_

- Email:\* \_\_\_\_\_

**b) Company/Partnership Details:** (if Applicant is a Body Corporate or Partnership)

- Registered Company/Partnership Name:\* \_\_\_\_\_

- Company Registration/Partnership Number:\* \_\_\_\_\_

- VAT Number:\* \_\_\_\_\_

- Registered Address:\* \_\_\_\_\_  
\_\_\_\_\_

- Locality:\* \_\_\_\_\_

- Tel/Mobile Number:\* \_\_\_\_\_

- Email:\* \_\_\_\_\_

**2. Operator's Details:** (if the Licensee is to nominate an Operator)

**a) Natural Person Details:** (to be filled in if Applicant is a Natural Person or Representative of Company)

- Name

Name:\* \_\_\_\_\_ Surname:\* \_\_\_\_\_

- Identity Card Number:\* \_\_\_\_\_

- Nationality:\* \_\_\_\_\_

- VAT Number:\* \_\_\_\_\_

- Address:\* \_\_\_\_\_  
\_\_\_\_\_

- Locality:\* \_\_\_\_\_

- Tel/Mobile Number:\* \_\_\_\_\_

- Email:\* \_\_\_\_\_

**b) Company/Partnership Details:** (if Operator is a Body Corporate or Partnership)

- Registered Company/Partnership Name:\* \_\_\_\_\_

- Company Registration/Partnership Number:\* \_\_\_\_\_

- VAT Number:\* \_\_\_\_\_

- Registered Address:\* \_\_\_\_\_  
\_\_\_\_\_

- Locality:\* \_\_\_\_\_

- Tel/Mobile Number:\* \_\_\_\_\_

- Email:\* \_\_\_\_\_

### 3. Premises to be Licensed:

- Name of Establishment:\* \_\_\_\_\_
- Number of Establishment:\* \_\_\_\_\_
- Address:\* \_\_\_\_\_  
\_\_\_\_\_
- Locality:\* \_\_\_\_\_
- Local Council:\* \_\_\_\_\_
- Postcode: \_\_\_\_\_

### 4. Establishment Details:

a) Classification:

Classification	Rating	(tick one option)*
Restaurant	1 <sup>st</sup> Class	<input type="checkbox"/>
	2 <sup>nd</sup> Class	<input type="checkbox"/>
	3 <sup>rd</sup> Class	<input type="checkbox"/>
Bar	1 <sup>st</sup> Class	<input type="checkbox"/>
	2 <sup>nd</sup> Class	<input type="checkbox"/>
Snack Bar	1 <sup>st</sup> Class	<input type="checkbox"/>
	2 <sup>nd</sup> Class	<input type="checkbox"/>
Fixed Kiosk	N/A	<input type="checkbox"/>
Kiosk on a Fixed Site	N/A	<input type="checkbox"/>
Nightclub (Standard)	N/A	<input type="checkbox"/>
Disco (Standard)	N/A	<input type="checkbox"/>

**5. Declaration by Applicant/Operator:** (if an Operator is nominated)

- a) Authority and Warrant of Capacity (tick all):\*
- I/We hereby declare, represent, and warrant that, as the Applicant/Operator, I/We have full legal capacity and authority to submit this application and to bind the person or entity on whose behalf it is submitted. I/We further warrant that I/We Am/Are duly empowered and that any other natural or legal person mentioned in this application shall be jointly and severally bound by these declarations.
- b) Right of Use of Premises (tick all):\*
- I/We hereby declare, represent and warrant that, as the Applicant/Operator, I/We hold a valid legal right, of whatever nature, whether real, personal, contractual, fiduciary, representative or otherwise, to occupy, use and operate the Premises for the purposes of this application, and that such right is presently effective and enforceable at law. I/We further declare, represent and warrant that, as the Applicant/Operator, I/We have obtained all requisite written consents and authorisations from the Owner of the Premises and/or from any other person or authority whose consent is required at law to submit and process this application, to obtain any license to operate, and to conduct the intended activity on and from the Premises.
- c) Insurance (tick all):\*
- I/We undertake to maintain, at all times and for so long as the Premises are operated, insurance cover appropriate to the nature, scale and risk profile of the operation and in accordance with all requirements under the Malta Travel and Tourism Services Act (Cap 409), its subsidiary legislation and all applicable license conditions, including third party liability insurance, and to produce evidence of cover to the Authority on request.
- d) Operations (tick all):\*
- I/We undertake to abide at all times by the provisions of the Malta Travel and Tourism Services Act (Cap 409), the regulations made thereunder, and with all license conditions that may be imposed, and to maintain all permits and approvals required by law;
  - I/We undertake to inform the Malta Tourism Authority in writing of any changes in circumstances or information relevant to this application or of the operation (including, without limitation, any change in title, capacity, ownership, management, layout or services offered) within not more than fourteen (14) calendar days from the date the change occurs, unless a shorter period is prescribed by law or by a condition so imposed.
- e) General (tick all):\*
- I/We declare that I/We have read and understood the 'Warning to Applicant/Operator' in this Application Form;

- I/We declare that the statements and information provided in or with this application are true, accurate and complete to the best of my/our knowledge and belief, and acknowledge that making a false declaration or submitting false documentation may constitute an offence and may lead to refusal, suspension or revocation of any license and/or to administrative, civil and/or criminal consequences according to law;
- I/We declare that I/We have read and understood the Data Protection Statement in this application form and consent to the processing of personal data for the purposes stated therein;
- I/We declare that I/We have read and understood Subsidiary Legislation 409.15;
- I/We assume full responsibility for the accuracy and completeness of all information provided; for the lawful occupation and use of the Premises for the licensed activity; and for full compliance with the Malta Travel and Tourism Services Act (Cap. 409) and all regulations and license conditions made thereunder, as well as any other applicable laws, standards, and permits;
- I/We acknowledge that any defect in title, consent, or authority shall not relieve me/us of responsibility towards the Authority;
- I/We agree to indemnify and hold harmless the Authority from and against any loss, cost, expense, or liability arising from any false, inaccurate, or misleading declaration; any lack of title, consent, or authority to occupy or operate; or any breach of Cap. 409, its subsidiary legislation or license conditions, without prejudice to any enforcement action, suspension or revocation the Authority may take in accordance with law.

**6. Signature of Applicant:**

- Signature of Applicant:\* \_\_\_\_\_
- Signatory's Full Name and Surname:\* \_\_\_\_\_
- On behalf of:\* (if Applicant is Body Corporate/Partnership)  
\_\_\_\_\_
- Official Position:\* (if Applicant is Body Corporate/Partnership)  
\_\_\_\_\_
- Date:\* \_\_\_\_\_

**7. Signature of Operator: (if nominated)**

- Signature of Operator:\* \_\_\_\_\_
- Signatory's Full Name and Surname:\*  
\_\_\_\_\_
- On behalf of:\* (if Operator is Body Corporate/Partnership)  
\_\_\_\_\_
- Official Position:\* (if Operator is Body Corporate/Partnership)  
\_\_\_\_\_
- Date:\* \_\_\_\_\_

**8. Checklist for Document Submission:**

1	Copy of both sides of Identity Card (for both Applicant and Operator if applicable);	
2	Curriculum Vitae and/or an official employment history from a Government Body (such as Jobsplus) and/or academic qualifications (for both Applicant and Operator if applicable);	
3	Valid Police Conduct (for both Applicant and Operator if applicable);	
4	Copy of Full Memorandum and Articles of Association (if Applicant/Operator is a Body Corporate) or Deed of Partnership (if Applicant/Operator is a Partnership);	
5	Company Board Resolution appointing an Official Representative of the Company (if Applicant/Operator is a Body Corporate) or Partnership Resolution appointing an Official Representative of the Partnership (if Applicant/Operator is a Partnership);	
6	Copy of the latest approved development permission issued by the Planning Authority related to the premises, including a copy of the approved drawings (site plan/plans/sections/elevations);	
7	Architect's Declaration stating that the establishment has been built and finished in compliance with the approved Planning Authority development permit and plans;	
8	Public Sewer Discharge Permit;	
9	Food Safety Certificate;	
10	Waste Collection Contract (Waste Collector must be registered with the Environment and Resources Authority);	
11	Adequate Third-Party Liability Insurance.* <sup>1</sup>	

Notes:

\*<sup>1</sup>Applicants are obliged to assess the amount of insurance coverage, including third-party liability, required for their specific establishment and operation. Amounts of less than €250,000 will not be accepted.

**<sup>2</sup>All documents are to be submitted in PDF format.**

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**For Office Use Only**

Application Reference: \_\_\_\_\_

Date Received: \_\_\_\_\_

Processed by: \_\_\_\_\_