

APPLICATION FOR EVALUATION

THIS FORM, DULY COMPLETED SHALL BE ACCOMPANIED BY A **NON-REFUNDABLE** APPLICATION FEE (**TO BE MADE PAYABLE TO NEW BRUNSWICK TOURISM GRADING INC.**) THERE WILL BE A NON-REFUNDABLE SERVICE FEE OF \$50.00 ON NSF CHEQUES.

TYPE OF ACCOMMODATION: (CHECK APPROPRIATE SQUARE)

- | | |
|---|--|
| <input type="checkbox"/> HOTEL/MOTEL (H/M) | <input type="checkbox"/> CAMPGROUND |
| <input type="checkbox"/> RESORT (R) | <input type="checkbox"/> FISHING/HUNTING (F/H) |
| <input type="checkbox"/> COTTAGE (C) | <input type="checkbox"/> INN (I) |
| <input type="checkbox"/> BED & BREAKFAST / HOSPITALITY HOME (BB/HH) | |

Please check preferred language English French

1. Name of establishment: _____
2. Address (Location) of Establishment: _____ Municipality of: _____
County: _____
3. Name of Owner: _____ Manager: _____
Address: _____ City/Town: _____
Postal Code: _____ E-mail address: _____
Telephone No. _____ Fax No. _____
4. Name of any person or corporation having an interest in this application: _____
Address: _____ City/Town: _____
Postal Code: _____ E-mail address: _____
Telephone No. _____ Fax No. _____
5. Of-season mailing address (if different) from above
Address: _____ City/Town: _____
Postal Code: _____ E-mail address: _____
Telephone No. _____ Fax No. _____
6. During the 12 months commencing January 1, 20____, property will operate:
 1. Continuously , or
 2. From _____ to _____
 3. Proposed startup date: _____
7. Number of sleeping rooms in main building for guests: _____
Number of sleeping rooms in housekeeping cottages: _____
Number of cabins or motel units: _____
Number of campsites: _____
8. Food Service: Restaurant Licensed (liquor) Dining Room Licensed Lounge/Bar
 Coffee Meals on Request Full Breakfast
 Continental Breakfast
9. Do you wish to be listed on the Canada/Camping Select Website? Yes No
10. Do you wish to be listed on the Provincial Website: Yes No

I make application for an Evaluation at the Tourist Establishment described above and enclose the **non-refundable** fee of \$_____ (Please refer to attached Fee Structure)

Signature of Applicant: _____ Date: _____

The Accommodation Rating Advisor will generally contact you prior to your assessment. S/he will require approximately ½ hour of your time before beginning the inspection. The actual inspection time varies with each property.

PLEASE RETURN TO:

**New Brunswick Tourism Grading Inc.
275 Main Street, Suite 102
Fredericton, New Brunswick E3A 1E1
Telephone: 506 458-1995 Fax: 506 458-9757**