MINISTRY OF COMMERCE, INDUSTRY, COOPERATIVE AND TOURISM

Block A-Q Ground and First floor, New Secretariat Complex, P.M.B 7042.
Website: www.moc.jg.gov.ng/
E-Mail:mocommercejg@gmail.com
Phone number: 08066009099
Office hours 9am- 4:00pm (Monday to Fridays). Except Public Holidays

PROCESS AND PROCEDURES FOR OBTAINING OPERATION LICENCE FOR TOURISM AND ALLLIED HOSPITALITY BUSINESS

In pursuit of the Laws of Jigawa State 2012, Volume 2, Cap J17, on registration and granting of annual operation license for tourism and allied hospitality industries operating in Jigawa State. Every Tourism and Allied Hospitality business is expected to be registered and pay annual operation license to the Hotels and Tourism Board domiciled under the Ministry of Commerce, Industry, Cooperative and Tourism.

Step 1: Application for Operation license – The applicant obtains the form from the office of the Director of tourism at the address above or download the from Appendix I of this document.

Step2: Completing the form - The documents required to complete the form include:

a. Passport photograph of the Applicant
b. Identification document of the Applicant

Step 3: Submitting the form - The applicant should complete the form and submit at the desk officer at Jigawa State Ministry of Commerce Block A-Q Ground and First floor, New Secretariat Complex, P.M.B 7042. Email:mocjgst@gmail.com or call the director of tourism on 08066009099, in an Office hours 9am- 5:00pm (Monday to Fridays) with exception of public holiday.

Step 4: Site inspection – The applicant will be contacted by the desk officer via the applicant's email to schedule a site visit. The site visit will be scheduled within 72 hours of submitting the application and inspection is to be completed within 24 hours.

Step 5: Completion of inspection – After the inspection, the applicant will be contacted by the desk officer within 48 hours of completing the site inspection through their Email or SMS to inform the

applicant of the applicable fees for the license. See schedule of applicable fees in appendix II below or you can also click the https://moc.jg.gov.ng/?q=business-premises-license-feesto view the schedule of fees payable based on the business type.

Step 6: Payment of registration fee and renewal of annual license – This should be done through payment to the Government TSA account. See details below:

Bank: Zenith Bank Branch nationwide
Account number: **1011289787**
Account name: Jigawa State Treasury single account (TSA)

Step 7: Issuance of license–After payment, the applicant must submit the Bank payment teller to the Director Tourism in the Ministry of Commerce, Industry, Cooperative and Tourism via the details in the address above. Alternatively, the receipt can be submitted at mocjgst@gmail.com. A confirmation email and receipt will be issued within 24hours indicating successful registration.

If an applicant does not receive a feedback within 72 hours, they may contact the Ministry of Commerce, Industry, Cooperative and Tourism via the details in the address above to make complain.

Step 8: Renewal of license – Renewal of the license is done annually, as the same procedure above.

Signed

Engr Garba Ya'u Ilalla
For Honorable Commissioner
Jigawa State Ministry of Commerce, Industry, Cooperatives & Tourism
December 26,2024

APPENDIX I: APPLICATION FORM FOR REGISTRATION OF HOSPITALITY BUSINESS

MINISTRY OF COMMERCE, INDUSTRY, COOPERATIVES AND TOURISM

Block A Q1 Ground and First Floor, New State Secretariat Complex, P.M.B 7042 Dutse Jigawa

REGISTRATION FORM HOTEL, MOTEL, GUEST HOUSE, GUEST INN etc.

REGISTRATION FORM

PROPRIETOR'S PHOTOGRAPH

A.- REGISTERED NAME OF THE ESTABABLISHMENT.....

.....

R.C/BN NO:-.....

B.- PROPRIETORS PERSONAL DATA:-

i. Name.....

ii. Residential Address.....

iii. Contact Address.....

iv. Occupation.....

v. Highest Educational Qualification.....

vi. Area of Specialization.....

vii. Tel No/Email Address.....

C.- DETAIL OF THE ESTABLISHMENT:-

i. Location.....

ii. Local Government.....

iii. Tel/Email Address.....

iv. Contact Address (Not PMB).....

v. Total No of Rooms.....

vi. Rooms Category (Number)

a - Single.....

b - Double.....

c – Suite.....

d – Others (Specify).....

vii. Total number of staff employed:-

a. Skilled

b. Unskilled

D. – OTHER SERVICES OFFERED

i. Restaurant Yes ☐ No ☐

ii. If yes, No. Tables.....

iii. Conference Hall Yes ☐ No ☐

iv. If above is yes, Hall Capacity.....

v. Laundry Services Yes ☐ No ☐

vi. Car hire Services Yes ☐ No ☐

vii. Sporting Facilities Yes ☐ No ☐

viii. Out Door Catering Service Yes ☐ No ☐

ix. Standby Generator ☐ No ☐

x. Others.....

DECLARATION

I.....the proprietor/proprietress of the above name.....solemnly declare that, the information given

on this form is to the best of my knowledge true and correct. If any of the information is found to be false or incorrect or failed to comply with any rule or regulation, I shall have my license withdrawn or my establishment closed.

Sign.....

Date.....

FOR OFFICE USE

- Category of the establishment.....
- Registration number .....

Sign.....

Date.....

MINISTRY OF COMMERCE, INDUSTRY, COOPERATIVES AND TOURISM

Block A Q1 Ground and First Floor, New State Secretariat Complex, P.M.B 7042 Dutse Jigawa

REGISTRATION FORM FOR RESTAURANT, EVENT CENTRES EATING CENTRES etc.

REGISTRATION FORM

PROPRIETOR'S PHOTOGRAPH

A.- REGISTERED NAME OF THE ESTABABLISHMENT.....

.....

R.C/BN NO:-.....

B.- PROPRIETORS PERSONAL DATA:-

i. Name.....

ii. Residential Address.....

iii. Contact Address.....

iv. Occupation.....

v. Highest Educational Qualification.....

vi. Area of Specialization.....

vii. Tel No/Email Address.....

C.- DETAIL OF THE ESTABLISHMENT:-

i. Location.....

ii. Local Government.....

iii. Tel/Email Address.....

iv. Contact Address (Not PMB).....

v. Total No of Tables/Seats.....

vi. Any other Sitting Arrangement ☐ Yes ☐ No

vii. If above is Yes, Specify.....

viii. Total Number of Staff Employed.....

(a) Skilled (b) Unskilled

D. - TYPE OF FOOD OFFERED

i. Food:-

a) Continental Dishes

b) African Dishes

c) Fast Food

d) Others (specify).....

ii. Non – Alcoholic Drinks:-

xi. Assorted Soft Drinks

xii. Local drinks (Zobo, Kunuaya, Ginger Drink etc)

xiii. Fura da Nono

xiv. Others, (specify).....

iii. Do you offer outdoor catering Yes ☐ No ☐

E. - OTHER SUPPORTIVE FACILITIES:-

i. Standby Generator Yes ☐ No ☐

ii. Refrigerator Yes ☐ No ☐

iii. Air condition/Fan Yes ☐ No ☐

iv. Food Warmers

DECLARATION

I.....the proprietor/proprietress of the above name.....solemnly declare that the information given on this form is to the best of my knowledge true and correct. If any of the information is found to be false or incorrect or failed to

comply with any rule or regulation, I shall have my license withdrawn or my establishment closed.

Sign……

Date……..

FOR OFFICE USE

- Category the establishment……..
- Registration number ……

Sign……

Date……..

MINISTRY OF COMMERCE, INDUSTRY, COOPERATIVES AND TOURISM

Block A Q1 Ground and First Floor, New State Secretariat Complex, P.M.B 7042 Dutse, Jigawa State

REGISTRATION FORM FOR TRAVEL AGENTS AND TOUR OPERATORS

A. REGISTERED NAME OF THE ESTABLISHMENT ……

……...

……..… R.C/BN NO…….

B. PROPRIETOR'S PERSONAL DATE:

i. Name ……..

ii. Residential Address ……

iii. Contact Address …….

iv. Occupation …….

v. Highest Educational Qualification ……...

vi. Area of Specialization ……

vii. Tel. No./Email Address ……..

C. DETAILS OF THE ESTABLISHMENT:

i. Location …….

ii. Local Government ……..

iii. Tel. No./Email Address …..……

iv. Contact Address (Not PMB) ……..

v. Services Rendered:

a. Airline Ticket Sales - Yes …… No …….

b. Guided Tour - Yes …… No ……...

c. Organizing traditional festivities/competition such as; Dambe (local boxing), Kokawa (local wrestling), Sharo, Langa, Fishing Festival etc. - Yes …… No …….

d. Others

(specify) ……

vi. Total number of staff

employed …….....

D. OTHER SERVICES RENDERED:

a. Tourism and Hospitality consultancy services - Yes ……. No …….

b. Car hire - Yes ……. No …….

c. Others (specify) …….

E. FACILITIES AVAILABLE:

a. Excursion Bus – Yes ……. No …….

b. Audio Visual Facilities – Yes ……. No …….

c. Speed Boat/Canoe – Yes ……. No …….

d. Binoculars – Yes ……. No …….

e. Others (specify) ……

DECLARATION

I…… the proprietor/proprietress of the above name establishment, do solemnly declare that, the information given on this form is to the best of my knowledge true and correct. If any of the information is found to be false or in-correct or failed to comply with rule and regulation, I shall have my license withdrawn or my establishment closed.

Sign …….

Date …….

FOR OFFICIAL USE

- Category of the Establishment …….
- Registration number …….

Name ……..

Sign …….

Date …….

APPENDIX II: SCHEDULE OF LICENSE FEES FOR TOURISM AND ALLIED HOSPITALITY INDUSTRIES OPERATING IN JIGAWA STATE

CHARGES FOR ANNUAL OPERATION LICENSES FEE FOR HOTEL

Hotel

SN	Category	Fee charges
1	A	₦50,000
2	B	₦30,000
3	C	₦ 20,000
4	D	₦10,000

Restaurant

SN	Category	Fee charges
1	A	₦10,000
2	B	₦5000
3	C	₦3,000