



Business Operation Permit

Parent Company Name

Parent Company's Details

Dubai Mainland License No:

Contact No:

Email Address:

License Expiry Date:

Proposed Business Operation Manager Details

Managers name: (as per passport)

Passport No:

Nationality:

Address:

P.O. Box:

Contact No:

Email Address:

Proposed Unit Details

In case of additional Units, please use the table attached at the end of the form.

Brand Name:

Expo District Name:

Proposed
Unit No:

Unit Type:

Total Unit Area:
(required area in sq.m)

Outdoor seating required: Yes No

For restaurant or cafe activity, please specify any planned restricted business activities:

Alcohol Shisha* Alcohol and Shisha* None

**Shisha Permits issued for temporary purposes are strictly subject to Dubai Municipality's discretion and are only available on a seasonal basis for a period of six (6) months starting from October to April.*

Proposed Business Operation Duration

From Date:

To Date:

- 1 to 3 Days 3 Months
 1 Week 6 Months
 2 Weeks Other
 1 Month

Business Operation Permit

ACKNOWLEDGEMENT

- We acknowledge that we shall comply with requirements of ECD and the applicable rules and regulations, as well as submit all documents required within five (5) days to obtain the approval to proceed with the fit-out and installation.
- We acknowledge that we are obliged to read the relevant guidelines and adhere to ECD community requirements.
- We acknowledge that ECD reserves the right to enforce any corrective actions related to the operations of the activity permitted within the city.
- We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. We undertake to inform ECD in writing of any changes to the information already provided. Failure to do so may result in fines and cancellation of the Business Operation Permit.

Authorised Contact Person

Please provide contact person(s) authorised to process and submit the application on behalf of the Authorised Signatory

Name	Position	Mobile	Email Address
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Application Submitted By:	Owner /Shareholder Legal Agency/Representative (Attach Power of Attorney)
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Name:

Email:

Address:

Date:

Contact No:

Signature:

Business Operation Permit Approval

Name:

Signature:

Date:



Business Operation Permit



Documents Required

- ☑ Completed ECD Business Operation Permit Application form
- ☑ Proposed BOP Manager's Documents
 - a. Passport copy with specimen signature
 - b. United Arab Emirates Visa copy
 - c. Emirates ID copy (both sides)
- ☑ Copy of the Parent Company mainland licence (with minimum 3 months validity)
- ☑ Copy of approvals from government authorities (if applicable) for any restricted business activities for the Parent Company including but not limited to food and beverage, alcohol, shisha and events
- ☑ No Objection Certificate (NOC) to Operate in ECD from the parent company (to be on company letterhead, stamped and duly signed by the authorised signatory).
- ☑ Copy of the Signed ECD Lease Agreement
- ☑ Copy of Power of Attorney for authorised signatories (if applicable)

Notes:

- Application submission must be completed by an authorised signatory or Power of Attorney holder.
- Application Submission Fee is non-refundable.
- The Business Operation Permit fee is to be paid within seven days from the date of invoice issuance.
- Please submit the original documents to ECD, if requested.



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S. No.	Brand Name	Expo District Name	Unit Type	Proposed Unit No	Total Unit Area (required area in sq. m.)	Outdoor Seating Required (Yes / No)	Serving Alcohol/ Shisha
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