

## "STAY SAFE" PROGRAM APPLICATION

THE CZECH ASSOCIATION OF HOTELS AND RESTAURANTS

### Applicant's data:

Name and address of the company .....

Name and address of the facility .....

IČO (Company Identification No.) .....

Contact person's e-mail .....

Contact person's tel. ....

Facility's website .....

### I hereby confirm that the operated accommodation facility meets the following conditions:

- ①. Complies with all legislative obligations associated with the operation of the facility.
- ②. Meets all safety and hygiene rules declared as HACCP principles, including their regular updates resulting from the specific situation of the particular operation and region.
- ③. Follows the instructions of the Government and other state authorities in force at the given time.
- ④. Ensures all the necessary steps resulting from the current epidemiological situation, guaranteeing the maximum safety of guests, customers and employees.
- ⑤. Complies with the AHR CR's Code of Ethics.
- ⑥. Is a member of the AHR CR.

Date: .....

Applicant's name: ..... Applicant's signature: .....

By fulfilling the above obligations, the member is entitled to use the "Stay Safe" label and logo in accordance with the terms and conditions of the program. The AHR CR reserves the right to withhold the label at any time in the event of a breach of the conditions.

I agree with the provided data to be used for marketing purposes, fully in accordance with my AHR CR membership. As far as the Stay Safe project is concerned, marketing purposes shall mean primarily the possibility for the AHR to communicate the participating accommodation facilities in both the off-line and online environments to the extent of publishing the name, the address and the website of the given facility.

I agree

I do not agree



Please send your application to the AHR CR Secretariat, Kristýna Čenská, e-mail: [censka@ahrcr.cz](mailto:censka@ahrcr.cz)