**Market Information Form – Reval 2027 – Hotel**

You may complete this form online at <https://occupierportal.tailte.ie>.

|  |  |
| --- | --- |
| **Occupier Name** **(Owner name where** **owner is occupier)** |  |
| **Property Number****This must be provided** |  |
| **Property Address** **including Eircode** |  |

|  |
| --- |
| **Occupier Details** |
| Occupier Name |  |
| Contact Name (if different) |  |
| Company Registration Office Number (if relevant) |  |
| Company Trading Name (linked to registration number) |  |
| Correspondence Address (if different to property address) |  |
| Telephone / Mobile Number |  |
| Email address |  |
| Registered Charity Number |  |
| Name of Managing Agent or Accountancy Body  (if any) |  |
| Management Agent  License Number or Accountant Membership Number |  |

**Do you own the premises? Yes No**

**If you own the premises provide purchase details**

|  |  |
| --- | --- |
| Purchase Price (ex VAT) (€) |  |
| Date of Purchase |  |
| Condition at date of Purchase |  |

**If you constructed/extended/refurbished the premises provide the details**

|  |  |
| --- | --- |
| Year of Construction |  |
| Cost of Construction (€) |  |
| Details of Construction |  |
| Year of Extension |  |
| Cost of Extension (€) |  |
| Details of Extension |  |
| Year of Refurbishment |  |
| Cost of Refurbishment (€) |  |
| Details of Refurbishment |  |
| Any other relevant information |  |

**If you do not own the premises provide rental details**

|  |
| --- |
| **Landlord / Owner’s Details – To whom do you pay rent** |
| First Name |  |
| Last Name |  |
| Company Name |  |
| Address of Landlord |  |
| Telephone / Mobile Number |  |
| Are you connected to landlord? |  Family Business Other  Other:  |

|  |  |
| --- | --- |
| **Lease Details** |  |
| Commencement Date of Lease (Month and Year) |  |
| Length of Lease (years and months) |  |
| Is there a break clause? | No  |
| Yes If yes, please provide details:  |
| Is the rent subject to periodic review? |  Yes No  |
| Details of rent review period |  |
| Date of last rent review |  |
| Was there a rent-free period at the start of your lease? |  Yes No  |

|  |  |
| --- | --- |
| How long was the rent free period (years and months)? |  |
| Was there a rent-free period during any point in the lease? |  |
| Start date of rent-free period |  |
| Did you pay a premium at the start of your lease? |  Yes No  |

|  |  |
| --- | --- |
| Amount of premium paid (€) |  |
| Comments on premium paid |  |
| Did you receive a premium at the start of your lease, Yes / No |  |
| Amount of premium received (€) |  |
| Has the property been fit out in the last 5 years, Yes / No? |  |
| Fit Out Date ( Year and Month) |  |
| Fit Out Approximate Cost (€) |  |
| If fit out occurred (Excl. Furniture) within the last 5 years give details and approximate cost (ex VAT) |  |
| Who paid for fitting out property? |  |
| Annual Rent agreed at last review or start of lease (€) |  |
| Frequency of rent Paid (e.g. Weekly, Monthly, Yearly) |  |
| Current rent payable (€) |  |
| Current rent period (Years and Months) |  |
| How was your rent calculated - provide details |  |
| Negotiated date of lease |  |
| Service Charge per annum |  |
| Does the rent include residential accommodation? |  |
| Stamping Document ID |  |
|  |  |

|  |
| --- |
| **Repairing and Insuring Covenant** |
| Indicate who is responsible for the following: Landlord, Tenant or both |
| External Repairs |  |
| Internal Repairs |  |
| Building Insurance |  |
| Rates |  |
| Other responsibility type – provide details |  |

|  |
| --- |
| **Property Details** |
| Property Uses |  |
| Purpose Built: Yes/No |  |
| Design e.g Modern/Old |  |
| Floor level(s) of building which you occupy |  |
| No. of Stories |  |
| Details of any licence (6 Day, 7 Day, Early Opening, Wine, Hotel, Club, give detail where other |  |
| Star Rating (1 to 6, Unapproved or Unregistered) |  |
| Number of Beds Registered |  |
| Number of Bedrooms |  |
| Average Occupancy Rate (%) |  |
| Details of Bedrooms | Number of Rooms | Average Room Rate (€) | Occupancy Rate (%) |
| Single Rooms |  |  |  |
| Double Rooms |  |  |  |
| Multi Occupancy Rooms : Total No Bunks: |  |  |  |
| Family Rooms |  |  |  |
| **Provide details (including names and capacities) of the following areas:** |
| Bar(s) |  |
| Restaurants(s) |  |
| Meeting/Conference Facilities |  |
| Car Parking |  |
| Other facilities: |  |
| Details of Competitive Set (competing hotels) |  |
| Are there any apartments on site, provide details including number and services offered |  |
| Do the accounts provided include revenues associated with the apartments |  |
| If you have Solar Panels, provide details of total installed capacity, cost and date of installation |  |

**Trade Details (excl. VAT):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revenues (€)** | **2025** | **2024** | **2023** | **2022** |
| **Year End – Accounts e.g. 31/3/2024** |  **/ /** |  **/ /** |  **/ /** |  **/ /** |
| Rooms |  |  |  |  |
| Food |  |  |  |  |
| Conference/Room Hire |  |  |  |  |
| Leisure |  |  |  |  |
| Sundry |  |  |  |  |
| Other:  |  |  |  |  |
| Other: |  |  |  |  |
| Total Turnover |  |  |  |  |
| Occupancy Rate (%) |  |  |  |  |

**Confirmation**

|  |
| --- |
| **Submitter Details** |
| First Name |  |
| Last Name |  |
| Submitter Company Name |  |
| Role/Position of Submitter within company |  |
| Submitter Address |  |
| Telephone / Mobile Number |  |
| Email |  |
| Regulatory Body |  |
| Membership Number |  |