



FILSCAP LICENSE APPLICATION FORM HOSPITAL

Date of Application _____

COMPANY DETAILS:

Establishment Name _____

Address _____

Telephone Number _____ Fax Number _____

Business Name _____

Address _____

TIN Number _____

Representative _____

Designation _____

Mobile Number _____ Email Address _____

Signatory _____

Designation _____

DETAILS FOR ASSESSMENT:

A. OPENING DATE

B. LIVE MUSIC IN COMMON AREA

Preceding year's Gross Annual Expenditure (GAE) for Live Music
(performers, musicians, equipment, etc.)

Php _____

C. MECHANICAL MUSIC IN LOBBY, WAITING AREA, AND OTHER COMMON AREA

Area with Music	Area in sq. m.	No. of Audio-Visual Screens

D. MUSIC IN PATIENTS' ROOM

Total number of Guest Rooms with in-house TV Channel/Pipe-in Music _____ rooms

E. MUSIC IN RESTAURANT, FAST FOOD, CANTEEN, CAFE, COFFEE SHOP, ETC.

Area with Music	Seating Capacity	Mode of Music (Live or Mechanical)

F. MECHANICAL MUSIC IN SPA, GYM, SALON, CLINIC, ETC.

Area with Music	Area in sq.m.

G. MUSIC IN MALL, SHOPPING CENTER, RETAIL STORE, DEPARTMENT STORE, SUPERMARKET, ETC.

Area with Music	Area in sq.m.	Mode of Music (Live or Mechanical)

H. MUSIC IN TRANSPORT, PASSENGER TERMINAL, ETC.

Area with Music	Area in sq.m.	Number of Units

I. MUSIC-ON-HOLD (TELEPHONE/TRUNKLINE)

Number of External Lines (Trunk Line/Direct Line) per Location	Location

J. MUSIC IN WEBSITE, APP, ETC.

Platform	Background on the Platform (Streaming, Downloading, Offline Playback, etc.)

*Use a separate sheet if necessary

Please submit a copy of the following together with the filled-up application form:

- Corporate Secretary Certificate (if applicable)
- Any government issued ID of the signatory

Signature over Printed Name _____