FILSCAP LICENSE APPLICATION FORM
MUSIC LOUNGE / BAR / DANCE CLUB / KTV

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. NATURE OF BUSINESS (Check appropriate box/es)

☐ Music Lounge/Bar ☐ Dance Club

☐ KTV ☐ Others: _____

B. MUSIC USAGE IN PREMISES

Name of Establishment and Location/Branch	Seating Capacity	No. of Audio-Visual Screens	Days of Operation (in a year)	Mode of Music (Live/Mechanical/ Audio-Visual)

*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 _____

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