APPLICATION FOR LICENCE OF PREMISES

Uwner of Premises			
Location of the Premises			
Name of the Film/video distributor			
Address of the Distributor at the Premises:			
Type (Cinema, Video viewing centre, Hall):			
If cinema, indicate category and number of Halls:			
Sitting capacity of each hall:			
Owner:			
Applicant:			
I/We confirm that the premises comply with the provisions of the law in all material particulars and I/we attached herewith the certificate of the National Fire Service confirming compliance with safety requirements for such premises, having regard to the audience and capacity indicated herein.			
Name: Signature:			
Designation:			
Date:			
Note: Issuance of a license is subject to the submission of the following; a) Fire Service Certificate b) Evidence of payment			
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1. CINEMA Categor Category B Category C			
2. VIDEO VIEWING CENTRE			
3. OTHERS (State briefly):			
4) NUMBER OF HALLS: Capacity:			

Name/signature of Inspection officer:		
Name	.Signature	
Approved/rejected		
If rejected, reasons		
Name/signature of Approving officer		
Date:		