



MAJLIS BANDARAYA KUCHING SELATAN

Council of the City of Kuching South
Jalan Padungan 93675 Kuching
Telephone No.:- 082-242311 Fax No.:- 082-240686

FORM A APPLICATION FOR LICENCE

PART I: PARTICULARS OF APPLICANT

1. Name of Applicant/Nominee:
2. Identity Card No.:
3. Passport No.:
4. Nationality:
5. Address (Home):
6. Telephone No.:
7. Position hold:.....
8. If applicant is a Company/Organisation, state:
 - (a) Name of Company/Organisation:
 - (b) Total Capital (if applicable): RM
 - (c) Address of Company/Organisation:
 - (d) Registration No. of Business/Company (if applicable):
 - (e) Date of Registration:
 - (f) Date of Expiry:
 - (g) Telephone No.:

PART II: DETAILS OF APPLICATION

A. APPLICATION FOR LICENCE TO OPERATE A PLACE OF ENTERTAINMENT

1. Proposed Trade/Business Name:
2. Address of Premises:
3. Type of Premises:
- (i) Shophouse Floor No.:
- (ii) Shopping Complex Floor No.:
- (iii) Other (state)
4. Position of the premises:
 Intermediate Corner Detached
5. Floor area: sq. meters.
6. Ownership: Owner Tenant
7. Type of Entertainment:

8. Time of Operation: From to
9. Duration of Licence:

B. APPLICATION FOR ENTERTAINMENT LICENCE

No.	Name / Place of Entertainment	Type of Entertainment				
		Music	Singing	Dancing	Exhibition of Cinematography film	Others (state)

1. Is any foreign artiste to be engaged? Yes No

(If yes, a copy of visa/work permit in respect of each artiste and the approval of the State Secretary Sarawak to be supplied when application is approved.)

2. Total number of rooms (if any): Seating capacity:

3. No. of karaoke machines No. of kiddy rides No. video machines
 No. of pin-tables/tables No. of stalls No. of bowling lanes
 No. of computer consoles No. of juke boxes Other (State)

4. Period of entertainment (Dates): From to
 (For Temporary Licence Only)

5. (i) Times of entertainment: to
 to

(ii) Number of entertainments per day/per night/per month:

(iii) State number of tickets for sale/complimentary tickets:
 Tickets for sale Complimentary tickets

6. Purpose of entertainment:
 (i) Commercial Yes No
 (ii) Non-commercial Yes No
 (as in Third Schedule)

If for non-commercial purpose, state full name and address of proposed recipient and letter of certification of proposed recipient.

Name:

Address:

PART IV: INSTRUCTIONS

Checklist

1. Please complete this form in block letters.
2. Tick in the relevant boxes.
3. *Delete whichever is not applicable.
4. Return this form together with the following documents:
 - (i) **5 copies** of completed Application Forms.
 - (ii) (a) **1 copy** of the *Memorandum and Articles of Association, and *Form 49 (return giving details in Register of Directors, Managers and Change of Particulars) in accordance with the Companies Act 1965.
 - (b) **1 copy** of the *Trading Licence issued in accordance with Businesses, Professions and Trades Licensing Ordinance (Cap.33 (1958 Edition)).
 - (iii) **5 copies** of the floor plan and locality plan of the premises on A3 size paper.
 - (iv) **2 copies** of Land Title.
 - (v) **2 copies** of Occupation Permit of the building concerned.
 - (vi) **2 copies** of Tenancy Agreement/Letter of Consent/Confirmation from the owner of the land or building.
 - (vii) **1 copy** of Identity Card (Both sides).
 - (viii) **1 copy** of the latest paid assessment bill.
 - (ix) **2 photographs** of the premises (1 copy of a photograph taken from the outside and 1 copy of a photograph taken from the inside.
 - (x) **2 copies** of passport size photographs of the applicant.

PART III: DECLARATION

I/We
Identity Card No. : hereby declare all the information given above
is correct and true.

Date: ()

Processing fee receipt no: