FILSCAP LICENSE APPLICATION FORM
RESTAURANT / FOODCHAIN

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 OF RESTAURANT FOR ASSESSMENT:

Location/Branch	Seating Capacity	No. of Audio-Visual Screens	Mode of Music (Live or Mechanical)

*Use a separate sheet if necessary

Signature over Printed Name _____

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