

GOVERNMENT OF MEGHALAYA
OFFICE OF THE DEPUTY COMMISSIONER: EAST KHASI HILLS DISTRICT:
SHILLONG
APPLICATION FORM FOR CINEMA LICENSE Under Rule 5 of the Meghalaya
Cinema (Exhibition of films on Video equipment) Rules, 1985

(Please use CAPITAL letters to fill in the Application form)

Type of application:

Fresh Renewal

Purpose of application (tick any one):

- Permanent cinemas
- Temporary indoor cinemas
- Temporary open air cinemas
- Touring cinemas
- Permanent Mini Cinema
- Permanent Multiplex

1. Applicant's Name: Shri/Smt/Kum/Dr _____
(First Name) (Middle Name) (Last Name)

2. Gender: Male Female

3. Father's Name: _____

4. Age of the Applicant: _____

5. Permanent Address of Applicant: _____

6. Temporary Address: _____

7. Contact Number of Applicant _____ 8. Email ID _____

8. Name of theatre/place of exhibition: _____

9. Location and description of place proposed for exhibition (Address): _____

10. Name of owner of equipment for exhibition: _____

11. Name of owner of place of exhibition _____

12. Proposed maximum number of viewers per show: _____

13. Does the **ownership of or the right in either the place or the apparatus intended to be used vest with the applicant?** ____ (Yes/No)

I hereby declare that the above statement is true to the best of my knowledge and belief. I also enclose the documents required by rule 5(ii) of the Meghalaya Cinemas (Exhibition of films on Video equipment) Rules, 1985.

Signature of Applicant