



MAJLIS PERBANDARAAN KOTA KINABALU
(KOTA KINABALU MUNICIPAL COUNCIL)

1 Jalan Bandaran, Kota Kinabalu, Sabah, Malaysia. Tel: 088-239500
Fax: 088-233815, 219175

Bil Kami: M.P.K.K. No.

APPENDIX 1

APPLICATION FORM FOR APPROVAL TO OPERATE * BEAUTY / DISCOTHEQUE / AMUSEMENT CENTRE / HAIR DRESSING SALOON / MASSAGE ESTABLISHMENT / NIGHT CLUB, PUB OR BAR LOUNGE / BILLIARD PREMISES TO BE COMPLETED BY APPLICANT

*Please attach photograph
with full name on reverse*

1. Name of Establishment :
2. Name of Applicant :
3. Business Address :
4. Telephone Number :
5. Date of Birth :
6. Place of Birth :
7. I/C Number New : Old :
8. Passport Number :
9. Race :
10. Nationality : Malaysian Others :
11. Sex : Male Female
12. Marital Status : Single Married Other :
13. Residence Status :
14. Qualification :
(Where relevant, Original Copy of Certificate / Diploma from recognised institution must be produced)
15. Type of License applied for :
16. Place and location of proposed business :
17. Ownership of the proposed business :
(If partnership / limited company give detailed particulars as in Appendix A)
18. Number of employees to be employed in the business :
(Give detailed particulars as in Appendix B)

MEMBENTERAS DADAH - APAKAH SUMBANGAN ANDA?

19. State whether similar application has been made previously. If so, state date and approval :
(If any)
20. State whether applicant possess licence for any business operation other than that applied for :
.....
21. Declaration of Applicant :
- I declare that the particulars hereby given in this form are accurate
- Date: Signature of Applicant :

* Delete where not applicable.

PART B : TO BE COMPLETED BY * MUNICIPAL / TOWN BOARD / DISTRICT COUNCIL

1. State number of shoplots in the locality of the proposed business : _____
Shoplots
2. State number of existing * Beauty Saloon / Coffeehouse / Discotheque / Amusement Centre / Hairdressing Saloon / Massage Establishment of Bar Lounge premises operating within the locality of the proposed business.
3. Give details as follows :-

Type of Business	Name of Owner	Location	Date of License first granted and Expire	Bumiputra Participation (%)

4. Condition of the premises in which the business shall be operated including the building plans for renovation (If Any) :
5. Does applicant conform with the relevant By-laws and Guidelines? _____
6. Remarks :
- This application have been endorsed and approved by the Licensing Committee on the _____ . The Council have no objection for this application to be issued a licence.

* Delete where not applicable

Date :

Signature of Secretary
KOTA KINABALU MUNICIPAL COUNCIL

APPENDIX A

PARTICULAR OF PARTNERSHIP / DIRECTORS OF LIMITED COMPANY.

1. Name of Partner(s) Director(s) of Limited Company :
2. Home Address :
3. Business Address :
4. Telephone Number :
5. Date of Birth : 6. Place of Birth :
7. I/C Number New : Old :
8. Passport Number :
9. Race :
10. Nationality : Malaysian Others :
11. Residence Status :
12. Marital Status : Single Married Others :
13. Qualification :
(Where relevant, Original Copy of Certificate / Diploma from recognised institution must be produced)

APPENDIX B

1. Name of Employee :
2. Address :
3. Date of Birth : 4. Place of Birth :
5. I/C Number New : Old :
6. Passport Number :
7. Sex : Male Female
8. Race :
9. Nationality : Malaysian Others :
10. Residence Status :
11. Marital Status : Single Married Others :
12. Qualification :
(Where relevant, Original Copy of Certificate / Diploma from recognised institution must be produced)

Note: Please print 2 copies of this page.