



**REFLEXOLOGY & HEALTH ESTABLISHMENTS  
LICENCE APPLICATION FORM**

Applicant / Nominee Photo
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**PART I: DECLARATION**

I, \_\_\_\_\_ (NRIC NO.: \_\_\_\_\_) HEREBY  
DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS CORRECT AND I UNDERTAKE TO NOTIFY THE COUNCIL  
OF THE CITY OF KUCHING SOUTH OF ANY CHANGES IN THESE CIRCUMSTANCES.

I UNDERSTAND THAT THE COUNCIL IS ENTITLED TO REVOKE ANY LICENSES ISSUED IN CONNECTION WITH THIS  
APPLICATION ON ACCOUNT OF ANY FALSE INFORMATION GIVEN BY ME IN THIS FORM.

I ALSO UNDERSTAND THAT IT IS AN OFFENCE UNDER THE PENAL CODE (F.M.S. CAP 45) TO GIVE FALSE  
INFORMATION ON THIS FORM AND THAT I SHALL BE LIABLE ON CONVICTION BY A COURT TO A FINE OF RM2,000/-  
OR IMPRISONMENT FOR SIX MONTHS OR BOTH.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT / \*NOMINEE)  
DATE:

**PART II: PARTICULARS OF APPLICANT/NOMINEE**

1	NAME OF APPLICANT / *NOMINEE:		2	IDENTITY CARD NO.:	
3	PASSPORT NO.:		4	DATE OF BIRTH:	
5	POSITION HOLD:		6	RACE:	
7	NATIONALITY & COUNTRY:		8	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
9	TELEPHONE NO.:		10	RELIGION:	
11	MEDICAL EXAMINATION: <input type="checkbox"/> FIT <input type="checkbox"/> NOT FIT		12	MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
13	RESIDENTIAL ADDRESS:				

14	*IF APPLICANT IS A FIRM / CORPORATION, TO NOMINATE A NOMINEE & ALSO FILL IN 14 (a) - (g):			
a	NAME OF FIRM / CORPORATION:		b	REGISTRATION NO.:
c	ADDRESS OF FIRM / CORPORATION:			
d	DATE OF REGISTRATION:		e	LICENCE EXPIRY:
f	TELEPHONE NO.:		g	FAX NO. & E-MAIL ADDRESS:
15	TOTAL INVESTMENT:	RM		
16	ARE YOU A HOLDER OF ANY LOCAL AUTHORITY'S LICENSE:	<input type="checkbox"/> NO	<input type="checkbox"/> YES, PLEASE ATTACH COPY, IF ANY.	
17	PREVIOUS CRIMINAL CONVICTION:	<input type="checkbox"/> NO	<input type="checkbox"/> YES, PLEASE STATE _____	

**PART III: PARTICULARS OF REFLEXOLOGY & HEALTH ESTABLISHMENTS**

1	ESTABLISHMENT NAME:			
2	ESTABLISHMENT ADDRESS:			
	LOT(S) NO.: _____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	_____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	_____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	_____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	*PARCEL NO.: _____	*BLOCK / SECTION NO.:		_____
	NAME OF ROAD: _____	POST CODE: _____		
3	LAND TITLE CONDITION:		4	TOTAL FLOOR AREA: SQ. METRES

**PART IV: APPLICATION FOR LICENSE(S)**

1	BRIEF DESCRIPTION OF SERVICE(S) PROPOSED:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
2	BRIEF DESCRIPTION OF FACILITIES PROPOSED & THEIR QUANTITY:	ROOM(S): _____	BED(S): _____	CHAIR(S): _____
		SAUNA: _____	STEAM: _____	AROMATHERAPY: _____
		SPA: _____	OTHER: TO SPECIFY _____	
3	TYPE OF LICENSE(S):	<input type="checkbox"/> REFLEXOLOGY & HEALTH	<input type="checkbox"/> NON-ALCOHOLIC DRINK	
		<input type="checkbox"/> ADVERTISEMENT, PLEASE ATTACH DETAIL	<input type="checkbox"/> OTHERS: _____	

**PART V: INSTRUCTIONS**

- 1 A PROCESSING FEE OF RM20.00 SHALL BE IMPOSED UPON REGISTRATION OF THIS LICENSE APPLICATION.
- 2 APPLICANT SHALL PROVIDE UP- TO- DATE AND COMPLETE PARTICULARS TO FACILITATE LICENSE PROCESSING.
- 3 TICK IN THE RELEVANT BOXES.
- 4 \*DELETE WHICHEVER IS NOT APPLICABLE.

**PART VI: CHECKLIST FOR APPLICANT**

- |  | <b><u>CHECKLIST</u></b>  |
|--|--------------------------|
| <b>1</b> RETURN THIS FORM TOGETHER WITH THE FOLLOWING DOCUMENTS:-  |                          |
| I FIVE (5) COPIES OF THE COMPLETED APPLICATION FORMS.  | <input type="checkbox"/> |
| II ONE (1) COPY OF IDENTITY CARD (BOTH SIDES) OR PASSPORT OF APPLICANT / NOMINEE.  | <input type="checkbox"/> |
| III TWO (2) COPIES OF PASSPORT SIZE PHOTOGRAPHS OF THE APPLICANT / *NOMINEE.   | <input type="checkbox"/> |
| IV IF APPLICANT IS A FIRM / CORPORATION, ONE (1) 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. | <input type="checkbox"/> |
| V ONE (1) COPY OF THE *TRADING LICENSE ISSUED IN ACCORDANCE WITH BUSINESSES, PROFESSIONS, AND TRADES LICENSING ORDINANCE (CAP. 33 [1958 EDITION]).   | <input type="checkbox"/> |
| VI TWO (2) COPIES OF OCCUPATION PERMIT OF THE PREMISES CONCERNED.  | <input type="checkbox"/> |
| TWO (2) COPIES OF LAND TITLE.  | <input type="checkbox"/> |
| VII TWO (2) COPIES OF TENANCY AGREEMENT / LETTER OF CONSENT OR CONFIRMATION FROM THE OWNER OF THE PREMISE(S).  | <input type="checkbox"/> |
| VIII ONE (1) COPY OF THE LATEST PAID ASSESSMENT BILL.  | <input type="checkbox"/> |
| IX PHOTOGRAPH SHOWING THE FRONT & REAR PORTION OF THE PROPOSED PREMISES (3R SIZE).   | <input type="checkbox"/> |
| X SKETCH PLAN SHOWING THE ELEVATION PLAN, FLOOR PLAN WITH DETAIL OF MATERIALS USED, MEASUREMENT, ETC AND LOCALITY PLAN & SITE OF THE PREMISE(S) ON A3 SIZE PAPER.  | <input type="checkbox"/> |



**REFLEXOLOGY & HEALTH ESTABLISHMENTS  
PROVISIONAL LICENCE APPLICATION FORM**

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	LOT(S) NO.: _____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	_____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
	_____	<input type="checkbox"/> G/FLOOR	<input type="checkbox"/> F/FLOOR	<input type="checkbox"/> OTHER: _____
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