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Receiving Officer: _____

Application for the playing of Amplified Music in Tourism Establishments

Date Received Stamp:

MALTA TOURISM AUTHORITY
Regulatory Directorate
Auberge d'Italie
229 Merchants Street
Valletta VLT 1170

This application for a permit to play amplified music in licensed premises is in 7 parts. All parts are to be filled in. Parts 6 and 7 are to be signed and dated by applicant.

Warning to applicant. Any false statements, misinterpretation or concealment of fact on this form, or on any document presented in support of this application, may be grounds for criminal prosecution.

DATA PROTECTION STATEMENT: personal information provided in your application is protected under the Data Protection Act 2001. The Malta Tourism Authority will process your personal data in accordance with the provision of the Data Protection Act (Chapter 440 of the laws of Malta) for licensing and administrative purposes and to comply with the Authority's legal obligations. Upon approval of your application, the Authority may occasionally use your personal details for marketing purposes.

If you have queries you can telephone for advice on phone number 22915000.

01	DETAILS OF ESTABLISHMENT
	Name of premises
	Category
	Address
	Locality
	Telephone
	Fax
	VAT number
	File reference

02	DETAILS OF LICENCEE
	Name & Surname
	ID Card number
	Nationality
	Address
	Locality
	Business address (where correspondence will be sent)
	Locality
	Tel / mobile
	Fax
	Email
	Website
	Registered Company Name (if applicant is a body corporate)
	Registered company Number

03	DETAILS OF REQUEST (Mark in the first column where applicable)
	Request for the playing of AMPLIFIED MUSIC during opening hours (amplified music may be played up to 11.00pm without the requirement of a licence)

04	DOCUMENTARY REQUIREMENTS
(a)	Copy of the last license in respect of property shown above (<i>section 01</i>)
(b)	Certification by a qualified engineer certifying the installation of the electrical and mechanical systems and stating that the premises are fit for the purpose.

05	CONDITIONS APPLICABLE TO ANY SUCH LICENCE WHEN AND IF ISSUED
(a)	No nuisance is to be caused to neighbours and the public;
(b)	Amplified music shall not be played after the establishment's period of business hours authorised by the Trade Licensing Department;
(c)	The licensee and operator shall abide by the provisions of the relevant legislation on the playing of amplified music and in a particular to regulation 12 of Legal Notice 175 of 2004 and to regulation 38 of Legal Notice 1 of 2006 as amended by Legal Notice 186 of 2007.

06	DECLARATION REGARDING RIGHT OF USE OF THE PREMISES
	<p>I hereby declare that I have sought and procured the consent of the owner of the premises to process this application in terms of the law</p> <p>Signature of applicant</p> <p>Name of applicant</p> <p>I.D. Card number of applicant</p> <p>Signed in the presence of</p> <p>(Please attach a photocopy of both sides of the applicant's ID card)</p>

07	DECLARATION BY APPLICANT
<p>This form is to be signed as follows:-</p> <ul style="list-style-type: none"> (a) By that individual if the applicant is an individual ; (b) If the applicant is a company or any other organisation, by a duly authorised person ob behalf of the company or organisation, who should state his official position within the company or organisation; <p>I, the undersigned, declare that:-</p> <ul style="list-style-type: none"> (a) I shall, at all times abide by the provision of the Malta Travel and Tourism Services Act (Chapter 409) and regulations made there under; (b) I declare that the information given on this form is accurate and complete; (c) I have read the data protection statement and (mark as appropriate) <p>I CONSENT to the information provided on this application being disclosed as described in the statement. <input type="checkbox"/></p> <p style="text-align: center;">Or</p> <p>I DO NOT CONSENT to direct marketing. <input type="checkbox"/></p> <p>Signature of applicant</p> <p>Name and surname in BLOCK</p> <p>On behalf of (if applicable)</p> <p>Date</p>	

This form should be returned to the Quality Assurance Directorate of the Malta Tourism Authority at the address on the front cover.