



గ్రామ - వార్డు సచివాలయము

ఆంధ్రప్రదేశ్ ప్రభుత్వం



RENEWAL OF CINEMA LICENCE APPLICATION FORM

Theater Owner Details:-

Aadhar Card No: _____ Theater Owner Name*: _____

Father/Husband/Guardian Name*: _____ Gender*: Male Female

Mobile No. *: _____ Email Id: _____

Theater Owner Permanent Address

State*: _____ District*: _____ Mandal*: _____

Village/Ward*: _____ Locality/Landmark: _____ Door No: _____ Pin code: _____

Delivery Type*: At Kiosk Post Local Post Non-Local

Postal Details:-

State*: _____ District*: _____ Mandal*: _____

Village/Ward*: _____ Locality/Landmark: _____ Door No: _____ Pin code: _____

Theater Address:-

Name of the Theater*: _____ B-Form Licence No. *: _____

Licence Issued Date*: _____ Renewal Period*: 1Year 2 Years District*: _____

Mandal*: _____ Village/Ward*: _____ Locality/Landmark*: _____

Door No. *: _____ Pin code*: _____

Informant Details:-

Informant Name*: _____ Relation*: _____

Documents List: - (All Upload Documents should be in PDF Only)

- Application Form*
- Copy of B - Form Licence Certificate *
- Certificate issued by Dy.Electrical Inspector Film Division Certificate
- Structural Soundness Certificate issued by the EE R&D
- Certificate issued by Divisional Fire officer
- Certificate issued by DMHO

(* - Indicates Mandatory)

Applicant's Signature