



# APPLICATION FORM

## Hotel/Guest Bedrooms

To apply for the licence, please complete the shaded areas of the application form below.

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Status:** \_\_\_\_\_  
**Client Reference:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Licensed address including postcode (if different from above):**

\_\_\_\_\_

**The Total Number of Hotel/Guest Bedrooms as outlined in the appropriate tariff is as follows:**

\_\_\_\_\_

**Where you have more than one location, please add the details on page 2. Please indicate number of pages you have enclosed:**

\_\_\_\_\_

**MPLC will issue a licence and invoice based on the figures provided.**

I hereby request and agree to an MPLC Umbrella Licence®, subject to the terms and conditions provided on-line at [www.themplc.co.uk](http://www.themplc.co.uk) or upon registration.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return your completed application form by email ([application@mplc.com](mailto:application@mplc.com)), fax (01323 439354) or to our Freepost address (no stamp required):

**FREEPOST RRY5-KKRY-SLKU**  
**Motion Picture Licensing Company**  
**MPLC House,**  
**4 Saffrons Road**  
**Eastbourne, BN21 1DG**

*For office use only.* Client No: \_\_\_\_\_ Licence No: \_\_\_\_\_



Licensed address including postcode

Total Number of Hotel/Guest Bedrooms

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*Photocopies of this page accepted for any additional locations.*

For office use only:	Client No:	Licence No:
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