

# Application Form for Suspension or Resumption or Closure (Cancellation) for Amusement Industry

(completed by applicant)

Application Date : \_\_\_\_/\_\_\_\_/\_\_\_\_(yyyy/mm/dd)

				Business Administration No.			
				Amusement Tax Registration No.			
Company Name							
Business Address							
Mailing Address							
Name of Person-in-Charge				ID No.			
Household Address of Person-in-Charge							
Telephone No.				Ext.			
Application Items ( mark ~ )		Suspension		Applying to suspend the business operation from ____/____/____ (yyyy/mm/dd) to ____/____/____ (yyyy/mm/dd) , which will not exceed one year.			
		Extension of Business Suspension		Applying to extend the business suspension date from ____/____/____ (yyyy/mm/dd) to ____/____/____ (yyyy/mm/dd), which will not exceed one year.			
		Resumption		Business is to resume on ____/____/____/ (yyyy/mm/dd).			
		Closure (Cancellation)		Business closure / cancellation starting on ____/____/____(yyyy/mm/dd).			
Seal of Amusement Industry				Seal of Person-in-Charge			
For Local Tax Bureau Use Only				Note			
Approval Items		Suspension		Resumption		Undertaking Unit	
Code (Mark ~ )		12		13			
		Approval for Business Cancellation		Postpone Business Cancellation (Pending Payment of Taxes)			
		11		25		Approved by _____	
Change Date		____/____/____(yyyy/mm/dd)					