

SUBJECT:	LICENSE	FOR T	RADE /	Bus	INES	s / St	ORAG	E		
Token Number (F	For Office Use	9)								
TORCH I VUINDER (I	of Office Osc	-)								
					Date	e:-	/	/		
Citizen Identif	ication Numl	ber								
(If Ci Applicant's I	tizen Identif	ication Nu	mber is §	given, c	lo not	fill belo	w Detai	ls)		
Last Name/ S			Name			Fath	er/Husba	and's N	Jame	
Details of Society (If Application	from Socie	ety):							
Name Of Society:										
Designation										
Address:		•								
Head					Info	rmation				
House/Building/So										
Flat/Block/Barrack	No.:			Wir	ng/Flo	or:				
Road/Street/Lane:										
Area/Locality/Tow	n/City:					Taluka	a:			
Pin code:										
Ward Committee N Electrol Panel No.:	o.: 1[[]2[]3[] 4[]							
Telephone No. (if ar	ny):	Со	ntact Per	son:						
Email Address (if ar	ny):	l e								
		Inform	ation of l	Propert	y:					
Head						formatio	n			
Type of Prop		[] Land	[] Buildi	ng					
(Please Tick [✓] as Property Number (Co										
Town/City:						Tal	uka:			
Survey/Block/Barrac	ck No.:									
C.T.S. No.:										
Part No./Sheet No.:										
Plot No./Unit No.:										
Area of Land (sq.ft.)										
Road/Street/Lane:										
Ward Committee No.		1[]2[]	13[14	[]						
Committee 1 Vo.		1 - [] - []		r j						

	Necessary	Particulars a	bout above se	ervice:		
	Head			rticulars		
C	Number of the Ward committee where business/storage is proposed	1[]2[]3	[]4[]			
	Гуре of Business place (Please Tick [✓] as applicable)	[] Shop [] Godown [] Workshop	o[]C	pen Land
	Area (sq.mt.) of business/ storage required as per norms					
	Type of Business	[] Tempor [] Perman	•			
	Гуре of License [Please Tick [✔] as applicable)	 License License License License License License License	for Selling in for Selling For for Selling For for Slaughteri for manufactu For Doing Par For Hawkers or Handicrafts / H	Private Mark od Articles C ing of animal uring of dairy inful and Uns / Street Vend	et Jutside s & Sel Jerodu safe Bu dors	ling of Meat acts siness
(Number of galas in Market (if Selling in Private Market)					
7 N	Nature of Business					
8 I	Details of Storage					
Seria	al Description of goods to		Quan	tity of Stock		
No	be stored	Kilo		Litre		Number
1						
2						
3						
4						
5						
	Period of Business (If Temporary)	From		Т	o	
	Necessary Enclosures rel (If enclosed t	_ / _			under.	
	Enclosur		circioscu ti	Yes	No	Not Applicable
'	Copy of the construction comple permission along with approved		te / usage	[]	[]	[]
	Consent letter (Any one of the fo a. Proof showing that the apple place OR b. No objection certificate fron (If the applicant is tenant)	ollowing) licant is owner			[]	[]

	Copy of a Ration Card before Or	ore 01.01.95		[
	Photo Pass of the applicant	, if applicant is from protected Slum tra Slum Development Policy 1971.				
4	Internal map of business pl	1 7		l []	[]
5	Location Map			l []	[]
6	NOC from Fire Brigade		Γ 7	lΓ	1	[]
7	Indemnity bond in specifie	d format on stamp paper of Rs. 20/-		[]	[]
8	Copy of Profession Tax regist	ration certificate		l []	[]
9	Copy of Registration Deed,	for the partnership firm		[]	[]
10	Shop & Establishment Lice	nse	[]	l []	[]
11	Copy of the agreement and the Corporation	allotment letter of Gala issued by	[]]	[]
12	Copy of License given as p	er Explosive Act		l []	[]
13	Copy of License given as p	er Petrolium Act		l []	[]
		Declaration		<u> </u>		
	I/We			state	or	n solemn
	affirmation that the above in	formation is true and correct to the bes	st of my	/our l	kno	wledge If
			J	,		wieage. II
	the information given is f	found wrong then I/We shall be	,			Ü
	the information given is f consequences.		,			Ü
		found wrong then I/We shall be	,	egally	lial	ole for its
	consequences. Date:-	found wrong then I/We shall be Appl (held le	egally	lial	ole for its
	consequences. Date:- The document may please	found wrong then I/We shall be Appl (e be deliverd to:	held le	egally Signa	lial	ole for its
	consequences. Date:-	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car	held le	egally Signa	lial	ole for its
	consequences. Date:- The document may please 1. Self/Nominated Pers	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car	held le	egally Signa	lial	ole for its
	consequences. Date:- The document may please 1. Self/Nominated Pers Name of Nominated	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car	held le	egally Signa	lial	ole for its
	consequences. Date:- The document may please 1. Self/Nominated Pers Name of Nominated 2. By Post	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car Person (held le	egally Signa	lial	ole for its
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	consequences. Date:- The document may please 1. Self/Nominated Pers Name of Nominated 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address: Correspondence Address:- Last Name/ Surname	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car Person (b) Register A.D. []	held le	Signa	lial	ole for its re)
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Fl Ro A	consequences. Date:- The document may please 1. Self/Nominated Pers Name of Nominated 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address: Correspondence Address:- Last Name/ Surname fouse/Building/Soc. Name: lat/Block/Barrack No.: oad/Street/Lane:	Appl (e be deliverd to: on [] a) C.F.C. [] b) Car Person (b) Register A.D. [] s is same as above) Name Fa	held le	Signa []	lial	ole for its re)



SUBJECT:- CAN	ELL	ATIC	ON (OF I	_IC	EN	IS	E											
Token Number (For Off	ce Us	e)																	
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Citizen Identification	Num	ber																	
(If Citizen I		ficatio	n Nı	umbo	er is	giv	en	, d	o n	ot fi	ll b	elov	w I	Deta	ils)		•		
Applicant's Details Last Name/ Surname				N.	ame	<u> </u>					Fa	athe	r/I	Juch	and	'e N	Jam	10	
East Ivalle, Juliani				1,	arric	•					1,	atric.	.,.	1431	/arra		van	ic	
Details of Society (If App	licatio	n fron	n Soc	ciety)	:														
Name Of Society:				•															
Designation																			
Address:																			
Head									In	forn	natio	on							
House/Building/Soc. Nan	e:																		
Flat/Block/Barrack No.:							V	Vin	g/F	loor	:								
Road/Street/Lane:																			
Area/Locality/Town/City											Tal	uka							
Pin code:																			
Ward Committee No.:	1	[] 2	[] 3	[]	4 [
Electrol Panel No.:																			
Telephone No. (if any):			C	Conta	ct Pe	rsoı	n:												
Email Address (if any):																			
		I	nfori	matio	n of	Pr	one	erty	v:										
Head										Info	rma	tior	l						
Type of Property		[]	Lanc	d	[] B	uil	dir	ıg										
(Please Tick [✓] as application Property Number	ble)						1						-		1				
(Computerized)																			
	Nece	essary	Part	icula	rs a	bou	ıt a	bo	ve	serv	ice:	1	- 1		ı	<u> </u>			
	Head											Pa	rti	cula	ars				
1 License Number																			
2 Name of the License	Hold	er																	
3 Name of the Busines	S																		

4	Address of the Business								
			Pin						
5	Details of Business								
6	Reason for Cancellation	of License							
			ı						
	•	sures related to above applic				und	er.		
	(If en	closed tick [✓] or not en	closed t	ick [X])				
4	O: 1 (I:	Enclosures					Ye	es/No)
1	Original copy of License								
		Declaration							
	I/We				st	ate	on	sole	mn
	•	e information is true and corr				our l	know	ledge.	If
		s found wrong then I/We						Ŭ	
	· ·	s louid wrong then 1/ We	Silaii	be ner	iu ieg	any	nabie	101	113
	consequences.								
	Date:-		A	Applica	nt's S	igna	iture		
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	1. Self/Nominated P Name of Nominat	erson [] a) C.F.C.	[] b) Camp	No.	[]))
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SUBJECT:- TRANSFI	ER OI	E LIC	CEN	ISE	B	r N	lon	ΛIN	IAT	ION						
Token Number (For Office U	se)															
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								ate.				/				
Citizen Identification Nur	nber															
(If Citizen Ident	ficatio	n Nu	mbe	ris	give	en, d	lo n	ot fi	ill b	elow	De	tail	ls)			
Applicant's Details: Last Name/ Surname			Nic	me					E	ather/	/H116	ha	nd's	Mar	n o	
Last Name/ Surfame			110	ше					1.0	itilei/	Tius	sva.	iiu s	ıvaı	IIC	
Details of Society (If Applicati	on from	Soci	ety):													
Name Of Society:			•													
Designation																
Address:																
Head							In	forn	natio	n						
House/Building/Soc. Name:																
Flat/Block/Barrack No.:						Wir	ng/F	loor	:							
Road/Street/Lane:																
Area/Locality/Town/City:									Tal	uka:						
Pin code:																
Ward Committee No.: 1	[]2[] 3[] 4	[]												
Electrol Panel No.:																
Telephone No. (if any):		Co	ntac	t Per	son											
Email Address (if any):																
	Iı	ıform	ation	of	Pro	pert										
Head	F 1	T 1		г	1 D.	:1 1:		Info	rma	tion						
Type of Property (Please Tick [✓] as applicable)	l l l	Land		L] bu	ildir	ıg									
Property Number																
(Computerized)																
Nec	essary	Partio	cular	s ab	out	abo	ove :	serv	ice:							
Head									cula							
1 License Number																
2 Name of the License Holde	r															
3 Name of the Business																

	A 1.1	d D :	_									
4	Address of	tne Busines	S									
				Pin								
5	Details of B	usiness										
6	Name, age a	and address	of the pe	erson to w	vhom the	license	is to be	trans	fered			
		ne of the No				Sex				ne Non		
	Surname	Name	1	Husband	Age /s	Sex	A	uures	s or tr	ie Noii	miees	
			-	ame								
1												
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2								1	l	l		ı
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1	Succession	n Certificate	e given by	y the com	petent co	urt					[]	
				De	claratio	n						
	I/V	Ne							state	on	solen	nn
	affirmatio	n that the ab	ove infor	mation is	true and c	orrect to	the bes	st of m	ny/ou	r know	ledge.	If
	the inform	nation give	n is four	nd wrong	then I/	We sh	all be	held	legally	y liable	e for	its
	consequer	nces.										
	Date:-						Appl	icant'	s Sign	nature		
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The document may please	e be deliverd to:	
	son [] a) C.F.C. [[] b) Camp No. []
)
2. By Post		,
a) U.P.C. []	b) Register A.D.	r 1
	b) Register 11.D.	[]
3. Courier []	• 1 \	
(Not to be filled if addres Correspondence Address:-	ss is same as abovej	
Last Name/ Surname	Name	Father/Husband Name
House/Building/Soc. Name:	1	
Flat/Block/Barrack No.:		Wing/Floor:
Road/Street/Lane:	1	U. T.
Area/Locality/Town/City:		Taluka:
Pin code:		
Email Address (if any):		



SUI	BJECT: TRANSF DEED / C											/ F	PAF	RTP	IE I	RSI	HIF	•	
To	ken Number (For Office	e Use	2)																
										Da	ite:-				/	/			
	Citizen Identification N																		
	(If Citizen Ide Applicant's Details:	entif	icati	on l	Nuı				en, d	lo no	t fil								
	Last Name/ Surname					Na	ıme	!				Fa	ther,	/Hu	ısba	nd's	Na	me	
De	tails of Society (If Applic	eation	n fra	m S	ocia	etv)•													
	me Of Society:	atioi	1110	шэ	UCI	ery).													
	signation																		
	Address:		ļ.																
	Head									Info	orm	atio	n						
Ηοι	use/Building/Soc. Name:																		
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	rd Committee No.: ctrol Panel No.:	1[] 2	[]	3 [] 4	[]					1							
Tele	ephone No. (if any):				Co	ntact	t Pe	rsor	ı:										
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	Head										nfoı	rma	tion						
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	erty Number nputerized)																		
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	Head]	Part	icul	lars						
1	License Number																		
2	Name of the License H	Iolde	er																
3	Name of the Business																		

$\lceil 4 \rceil$	Address of t	he Busines											
				Pin								T	
5	Details of Bu	ısiness											
6	Name, age a	and addres	s of the per	son to w	hom the	e licens	e is to b	e tra	ansfei	red.			
	Name	of the Trai	nsferee		Age	Sex	Ad	dres	s of t	he T	ransi	feree	
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2	Permission L No objection c							lican	t ic		<u>L</u>	<u> </u>	
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The document may please	e be deliverd to:	
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a) U.P.C. []	b) Register A.D.	r 1
	b) Register 11.D.	[]
3. Courier []	• 1 \	
(Not to be filled if addres Correspondence Address:-	ss is same as abovej	
Last Name/ Surname	Name	Father/Husband Name
House/Building/Soc. Name:	1	
Flat/Block/Barrack No.:		Wing/Floor:
Road/Street/Lane:	1	U.
Area/Locality/Town/City:		Taluka:
Pin code:		
Email Address (if any):		



SUBJECT:- VARIO	us N	100	8 3	k P	ER	MI	SSI	10	IS F	RO	м М	ARI	KET		
DEPAR	ТМЕ	NT													
Token Number (For Office	Use)														
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Citizen Identification N	umbe	r													
(If Citizen Ide	ntific	atior	ı Nu	ımb	er is	giv	en,	do	not f	fill b	elow	Deta	ils)		
Applicant's Details:					т					Г	ı1 /	тт 1	1/	N.T.	
Last Name/ Surname				N	Jam	e				Fa	itner/	Husb	and's	Nam	e
Details of Society (If Application 2)	ation 1	from	Soci	ioty)	١•										
Name Of Society:	111011 1	11 0111	SUC	iety)	·										
Designation															
Address:								T		4.					
Head House/Building/Soc. Name:								I	ntor	matic)n				
Flat/Block/Barrack No.:							TATE	na	/Floo						
Road/Street/Lane:							VVI	ng/	7 F100	01.					
Area/Locality/Town/City:										Tal	uka:				
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Ward Committee No.:	1 [] 2 [13	ſ 1	4 [1									
Electrol Panel No.:	11.	<u> </u>] 5	<u>L J</u>	<u> </u>										
Telephone No. (if any):			С	onta	ct Po	ersoi	າ:								
Email Address (if any):															
, , ,		In	forn	natio	on o	f Pro	oper	t v:							
Head									Inf	orma	tion				
Type of Property (Please Tick [✓] as applicable		[] I	Land		[] B	uildi	ng							
Property Number															
(Computerized)										1	1 1	<u> </u>			
Town/City:											aluka	ı.			
Survey/Block/Barrack No.:															
C.T.S. No.:															
Part No.:															
Plot No./Unit No.:															
Area of Land (sq.ft.)															
Road/Street/Lane:			<u> </u>	1			•								
Ward Committee No.:	1	[]	2 [] 3 [] '	4[]									

	Necessary Par	rticulars abou	ıt abo	ve serv	vice:			
	Head			Pa	rticulars	}		
1	Address of Business							
						1	1 1	
2	Name of Business	Pin						
		[] Tompo	40.487.7					
3	Nature / Type of Business	[] Tempo:	-					
4	Number of the Ward committee where business is proposed	1[] 2[]	3[]	4 []		
5	Name of competent officer & address							
6	Reason for requirement of NOC							
	Necessary Enclosures related					as unde	r.	
	(If enclosed tick		enclo	sed tick	<u>([X])</u>			
1	Enclose		·		::		Yes/No)
1	Copy of the construction completio along with approved map	n certificate /	usag	e perm	ussion		LJ	
2	Consent letter (Any one of the follo	wing)					Г٦	
	a. Proof showing that the applica	0,	he bu	siness p	lace OR		OR	
	b. No objection certificate from O	wner on Rs.20,	/- Star	np Pape	er,		[]	
3	(If the applicant is tenant) Internal map of business place							
4	Location Map						[]	
	-							
5	NOC from Fire Brigade			(D 00	. ,			
6	Indemnity bond in specified formation	1 1	per o	f Rs. 20)/-		[]	
7	Copy of Profession Tax registration cer	rtificate					[]	
8	Copy of Registration Deed, for the	partnership fi	rm				[]	
		Declaratio	on					
	I/We					stato	on sole	mn
	affirmation that the above information					•	O	
	the information given is found w	rong then I/	we	snall b	e neid l	egally l	iable for	1ts
	consequences.				1/	.		
	Date:-			Ap	plicant's	Signat	ure	
		()

The document may please	e be deliverd to:	
	son [] a) C.F.C. [[] b) Camp No. []
)
2. By Post		,
a) U.P.C. []	b) Register A.D.	r 1
	b) Register 11.D.	[]
3. Courier []	• 1 \	
(Not to be filled if addres Correspondence Address:-	ss is same as abovej	
Last Name/ Surname	Name	Father/Husband Name
House/Building/Soc. Name:	1	
Flat/Block/Barrack No.:		Wing/Floor:
Road/Street/Lane:	1	U.
Area/Locality/Town/City:		Taluka:
Pin code:		
Email Address (if any):		



SUBJECT:- RENEWAL OF ALL TYPE OF LICENSES (AFTER EVERY 1 YEAR - RELATED TO MARKET DEPARTMENT)

1 YEAR	- RELATED TO MARKET DEPARTMENT)
Token Number (For Office U	Jse)
	Date:- / /
Citizen Identification Nu	mber
	tification Number is given, do not fill below Details)
Applicant's Details: Last Name/ Surname	Name Father/Husband's Name
East Ivalite/ Surfame	Tariet/Traspana Stvanic
Details of Society (If Applica	tion from Society):
Name Of Society:	
Designation	
Address:	
Head	Information
House/Building/Soc. Name:	
Flat/Block/Barrack No.:	Wing/Floor:
Road/Street/Lane:	
Area/Locality/Town/City:	Taluka:
Pin code:	
Ward Committee No.:	1[]2[]3[]4[]
Electrol Panel No.:	
Telephone No. (if any):	Contact Person:
Email Address (if any):	
	Information of Property:
Head Trans of Proportion	Information [] Land [] Building
Type of Property (Please Tick [✓] as applicable)	
Property Number	
(Computerized)	
Town/City:	Taluka:
Survey/Block/Barrack No.:	
C.T.S. No.:	
Part No./Sheet No.:	
Plot No./Unit No.:	
Area of Land (sq.ft.)	
Road/Street/Lane:	
Ward Committee No.:	1[]2[]3[]4[]

	Necessary Particulars about above service:												
	Head	Particul	ars										
1	License Number		Date										
2	Name of the Business												
	Necessary Enclosures related	d to above application are enclos	ed as und	er.									
	(If enclosed tick	✓] or not enclosed tick [★]])										
	Enclosu	ires		Yes/No									
1	NOC from Fire Brigade			[]									
2	Copy of Profession Tax registration cert	ificate		<u>Г</u>]									

Declaration

Original copy of License

	T /T.17														
	I/We	••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		•••••	•••••	•••••	•••••	•••••	state	on	sole	mn
affir	mation tha	at th	e ab	ove i	nforma	tion is t	rue an	d correc	ct to the	e be	st of r	ny/our	knowle	edge.	. If
the	informatio	n g	giver	n is	found	wrong	then	I/We	shall	be	held	legally	liable	for	its
cons	equences.														
Date	Date:- Applicant's Signature														
							(
The document may please be deliverd to:															
1	. Self/No	omiı	nated	d Pei	son []	a) C.	F.C. [] b)	Ca	mp N	o. []			
	Name o	of N	omi	nate	d Perso	n ()	
2	2. By Pos	t													
	a) U.P.0	С.	[]			b) Re	gister	A.D. []						
3	3. Courie	r	[]												
`	t to be fil esponden				ss is sa	me as a	bove)							

Last Name/ Surname	Na	ame			Father/Husband Name					
House/Building/Soc. Name:				-						
Flat/Block/Barrack No.:			7	Wing/	/Floor:					
Road/Street/Lane:			•							
Area/Locality/Town/City:					F	Гaluka:				
Pin code:										
Email Address (if any):		•								



SUI	BJECT:	INCREAS PREMISE																ΙE	S	S				
Tol	ken Numb	er (For Office	Use)																					
												Ι)ate	·:-					1	1				
	Citizen Ide	entification Nu	ımbe	r																				
	`	f Citizen Ider	ıtific	atio	n Ni	uml	oer	is	giv	en,	d	0 1	ot 1	fill	be	elo	w I)e	tai	ls)				
		e/ Surname					Nar	n 0							Ea	tho	r/F	J.,,	o h o	nd	/a N	Jan	20	
	Last Ivaiii	e/ Surname					ivai.	ne							га	me	1/1	ıus	SDa	ma	. S I	Nam	ie	
De	tails of Soci	ety (If Applica	tion 1	from	Soc	ciety	/):																	
	me Of Socie						<i>)</i> -																	
Des	signation																							
	Address:																							
	Hea	nd										Ir	ıfor	ma	tio	n								
Ηοι		g/Soc. Name:																						
Flat	/Block/Bar	rack No.:								W	in	g/	Floc	r:										
Roa	d/Street/La	ane:																						
Are	a/Locality/	Town/City:												Γ	alı	uka	:							
Pin	code:																•							
	rd Committe		1[2 [] 3	[]	4 []																
	trol Panel N																							
	ephone No.				(Cont	act l	Per	son	:														
Ema	ail Address	(if any):																						
	TT	3		In	for	mat	<u>ion</u>	of :	Pro	pei	rty	/:	T C	•		4	_							
		e ad Property		[]]	land	1		Г] Bı	ıild	lin	σ	Inf	ori	<u>na</u>	uoi	1							
(Pl] as applicable		.] '	Juin			L	150	4110		ъ												
-	erty Numbe	er																						
(Con	nputerized)	NT.		l	Daul		مسما	- 1-		L _ 1	<u> </u>			: .										
		Head	ecess	ary I	Part	ıcu.	lars	ar	ou	t ai	00	ve				lar	•							
1	Number o	of the Ward co	mmi	ttee		1[1 2	Γ	1.3	<u> </u>	4	. ſ		41 L	ıc u	llal	5							
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2		nt.) of busines		per																				
	norms)																							
3	Type of B						Te	_		•														
	(Tick ✓)	as applicable)					l Pe	rm	ana	int														

4 Deta	ils of Storage												
Serial	Description of goods	s to											
No.	be stored		Kilo		Litre		Number						
1													
2													
3													
4													
5													
5 Natu	ire of Business					<u> </u>							
6 Perio	od of Business (If Temp	parory)	From			То							
7 Deta	ils about Increase/ Dec	crease				<u> </u>							
in Bu	usiness and its valid rea	asons											
	Necessary Enclosur	es related	to above	e applica	tion are enclo	sed as uno	der.						
	(If enclos	sed tick	[√] or	not encl	osed tick [X])							
		Enclosu					Yes/No						
	uments of ownership of						[]						
2 Up-1	to-date receipt of Tax bil	l paid for	addition		[]								
3 Orig	3 Original copy of license												
	Declaration												
I/We state on solemn													
a ffi m													
	mation that the above in					•	<u>C</u>						
	information given is f	ouna wr	ong thei	1 1/ we	snan be ne	ia iegany	nable for its						
	equences.				A 19	1/ - C:	-1						
Date	e: -				Applica	nt's Sign	ature						
			()						
The docum	nent may please be del	liverd to:											
1	. Self/Nominated Pers	on []	a) (C.F.C. [] b) Camp	No. []							
	Name of Nominated	Person (_)						
2	2. By Post												
	a) U.P.C. []	b) Registe	r A.D.	[]								
3	3. Courier []												
•	t to be filled if address	s is same	as abov	e)									
	respondence Address:- Name/ Surname		Name		Eatl	om/Hucho	nd Nama						
Last	Name/ Surname		Name		гац	ner/Husbai	nu Name						
	Building/Soc. Name:			T.	17. /								
	ck/Barrack No.:			, T	Wing/Floor:								
	reet/Lane: cality/Town/City:				Ta	aluka:							
Pin code:													
Email Ac	ldress (if any):												



SUBJECT: ADD OR	REMOVE	THE	PAR	TNE	RS IN	THE IS	SSUED	LICE	ENSE
Token Number (For Office	Use)								
					Date:	-	1	1	
								<i>,</i>	
Citizen Identification N									
(If Citizen Ider Applicant's Details:	tification N	umber	is gi	ven, c	lo not fi	ll below	Details	5)	
Last Name/ Surname		Na	me			Father/	'Husban	d's Nan	ne
Details of Society (If Applica	tion from So	ciety):			•				
Name Of Society:									
Designation									
Address:									
Head					Inforn	nation			
House/Building/Soc. Name:									
Flat/Block/Barrack No.:				Wir	ng/Floor	:			
Road/Street/Lane:									
Area/Locality/Town/City:						Taluka:			
Pin code:									
Ward Committee No.:	1[]2[]3	3[]4	[]						
Electrol Panel No.:									
Telephone No. (if any):		Contact	Perso	n:					
Email Address (if any):	т.с		e D						
Head	Infor	mation	of Pr	opert		rmation			
Type of Property	[] Lan	d	[]]	Buildir		rmation			
(Please Tick $[\checkmark]$ as applicable		·u	[]1	Junun	'B				
Property Number									
(Computerized)	Necessary I) }1	1	 	1				
Head	Necessary r	articui	ars a	bout a		rticulars			
1 License Number					14	rticulai 5			
2 Name of the License Ho	lder								
3 Name of the Business									

4	Address of the	e Business								
				Pin						
5	Details of Bus	iness								
6	Names, age ar	nd address	of the perso	ons to be	added ,	/ remo	oved fro	m the li	cense	
	Naı	ne of Parti	ners		Age	Sex	A	ddresses	of Partr	ners
	ast Name/ Surname	Name	Father/Hu Nam							
1										
							Pin			
2										
							Pin			
3										
4							Pin			
-										
							Pin			
Note	e: In case the nu	ımbers of	nominees ar	e more t	han 4, t	hen m	entione	d it on se	eperate p	age.)
	ails about the a									
par	tners and its va	lid reason	s							
	Nagar	nomy Emale	numas vala4s d	to abarra	annlia	tion :	no on als	and as	dor	
	recess		sures related closed tick				re encio: ick [X		iuer.	
1		`	Enclosu	res					Yes	/No
1 NOC from the original license holder(s) for including / adding the name(s) of partner(s). This should be in the name of Corporation.									[]
									[]
	NOC from the					lued /	remov	ed.	[]
	This should be			ration.					Г	1
4	Original copy o						L]		

	Declaration		
I/We			state on solemn
affirmation that the abov	e information is true and corre	ect to the best of m	y/our knowledge. If
the information given	is found wrong then I/We	shall be held l	egally liable for its
consequences.			
Date:-		Applicant's	s Signature
	(
The document may ple	ease be deliverd to:		
1. Self/Nominated I	Person [] a) C.F.C. [] b) Camp No.	. []
Name of Nomina	ted Person ()
2. By Post			
a) U.P.C. []	b) Register A.D.	[]	
3. Courier []			
(Not to be filled if add Correspondence Address	,		
Last Nama / Cumama	Nama	Eathor /I	Uushand Nama

Last Name/ Surname	Na	me		Father/Husband Name						
House/Building/Soc. Name:										
Flat/Block/Barrack No.:			Wing	/Floor:						
Road/Street/Lane:										
Area/Locality/Town/City:				r	Taluka:					
Pin code:										
Email Address (if any):										



SUBJEC	T:-	Issu	JE (OF	D	UΡ	LIC	AT	E (Co	PY	OF	M	AR	KET	r Li	C	ENS	E		
Token Number (For Office Us				Use	2)																
					<u> </u>				Г)ate:	·_		-	,	7		·				
													oute.								
Citizen	Ident	tificatio	n Nı	umb	er																
	•			ntifi	tification Number is given, do not fill below Details)																
		Detai Surnar						Name						Father/Husband's Name							
Last	vairie/	Sullial	ne				Name					ramer/ rusbanu s Name									
Details of Society (If Applicat				tior	tion from Society):																
Name Of S			•																		
Designation	n																				
Addre	ess:																				
Head			Information																		
House/Building/Soc. Name:																					
Flat/Block/Barrack No.:				Wing/Floor:																	
Road/Street/Lane:																					
Area/Locality/Town/City:			Taluka:																		
Pin code:																					
Ward Committee No.:			1[] 2	2 [] 3[] 4	[]													
Electrol Panel No.:				Contact Powers																	
Telephone No. (if any): Email Address (if any):				Contact Person:																	
Email Addr	ess (ii	any):				Ind	Comm	atio	- of	Dwe	n out										
	Head	d				1111	orm	atio	1 01	Pr	per	ıy:	Info	orma	ation						
Тур		operty			[] L	and		[] B	uildi	ng									
(Please Tic		as appli	cable)		- 1		1	1						1		ı				
Property Number (Computerized)																					
Computeriz	cu)		N	Vece	222	rv F	Parti	cula	rs a	han	t aha	ove s	ervi	ice.							
Head						rticulars about above service: Particulars															
1 License Number																					
2 Name of the License Holder																					
3 Name of the Business																					

4										
	Address of the Business									
		Pin								
5	Details of Business									
3	Details of Dusifiess									
6	Valid reason for requiremen	t of								
	duplicate copy of License									
	Necessary Enclosures related to above application are enclosed as under.									
	(If enclosed tick [✓] or not enclosed tick [✗])									
	Enc	losures	Yes/No							
1	1 1 1	ith police station, if license is s	tolen []							
	or destroyed in fire.									
2	Original copy of license if it	is torn or damaged.								
		Declaration								
	I/We		state on solemn							
	,									
	affirmation that the above info	ormation is true and correct to the	ne best of my/our knowledge. If							
	the information given is fo	und wrong then I/We shall	be held legally liable for its							
	consequences.									
	Date:-	1	Applicant's Signature							
		()							
		(,							
	The document may please									
		be deliverd to:								
			a) Camp No. []							
	1. Self/Nominated Perso	n [] a) C.F.C. [] b	,							
	1. Self/Nominated Perso Name of Nominated P	n [] a) C.F.C. [] b	,							
	1. Self/Nominated Perso	n [] a) C.F.C. [] b	,							
	1. Self/Nominated Perso Name of Nominated P	n [] a) C.F.C. [] b	,							
	 Self/Nominated Perso Name of Nominated P By Post 	n [] a) C.F.C. [] b	,							
	 Self/Nominated Perso Name of Nominated P By Post U.P.C. [] 	n [] a) C.F.C. [] beerson (,							
	 Self/Nominated Perso Name of Nominated P By Post U.P.C. [] Courier [] 	n [] a) C.F.C. [] beerson (,							
	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: -	n [] a) C.F.C. [] b erson (b) Register A.D. [] is same as above))							
	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address	n [] a) C.F.C. [] beerson (,							
H	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: - Last Name/ Surname	n [] a) C.F.C. [] b erson (b) Register A.D. [] is same as above))							
	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: -	n [] a) C.F.C. [] b erson (b) Register A.D. [] is same as above)	Father/Husband Name							
F	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: - Last Name/ Surname Jouse/Building/Soc. Name:	b) Register A.D. [] is same as above)	Father/Husband Name							
FI R A	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: - Last Name/ Surname Jouse/Building/Soc. Name: Jat/Block/Barrack No.: oad/Street/Lane: crea/Locality/Town/City:	b) Register A.D. [] is same as above)	Father/Husband Name							
R A P	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: - Last Name/ Surname Jouse/Building/Soc. Name: Jat/Block/Barrack No.: oad/Street/Lane: Jate of Nominated Perso Name of Nominated Perso All Last Post of Nominated Perso Jate of Nominated Perso Respondence Post of Nominated Perso Address Last Post of Nominated Person L	b) Register A.D. [] is same as above)	Father/Husband Name Floor:							
R A P	1. Self/Nominated Perso Name of Nominated P 2. By Post a) U.P.C. [] 3. Courier [] (Not to be filled if address Correspondence Address: - Last Name/ Surname Jouse/Building/Soc. Name: Jat/Block/Barrack No.: oad/Street/Lane: crea/Locality/Town/City:	b) Register A.D. [] is same as above)	Father/Husband Name Floor:							